

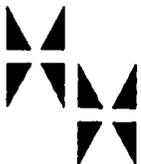


Final Report ^{Ei}
^{2/01}
Mercury Regulator Removal Action
Chicago Heights Iron & Supply Co.
1715 Wentworth Ave.
Chicago Heights, Illinois

Prepared for:
Nicor Gas

February 2001

By:
James E. Huff, P.E.
Sarah Monette, P.E.



HUFF & HUFF, INC.
ENVIRONMENTAL CONSULTANTS
LaGRANGE, ILLINOIS

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CERTIFICATION

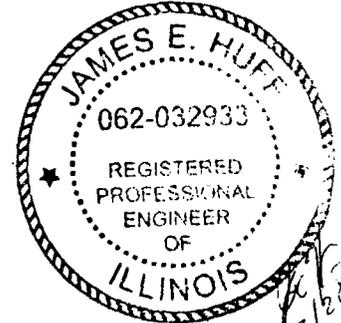
Under penalty of law, I certify that, to the best of my knowledge, after appropriate inquiries of all relevant persons involved in the preparation of this report, the information submitted is true, accurate and complete.

James E. Huff
Signature

February 28, 2001
Date

James E. Huff, P.E.
Name

Vice President, Huff & Huff, Inc.
Title, Company



Sarah Monette
Signature

02.28.01
Date

Sarah Monette, P.E.
Name

Sr. Project Engineer, Huff & Huff, Inc.
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Richard J. Tappan
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2/28/01
Date

Richard Tappan
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Mgr. Environmental Affairs, Nicor Gas
Title, Company

1. INTRODUCTION

1.1 Report Overview

This document presents the "Final Report" for the Nicor Gas cleanup activities at the Chicago Heights Iron & Supply Co. (hereafter called "Scrap Yard"). The cleanup activities included removal of mercury-type regulators and mercury-impacted soil.

The work was performed in accordance with the requirements of the "Administrative Order Pursuant to Section 106(a) of the Comprehensive Environmental Response, Compensation, and Liability Act, Docket No. VW-00-C-610," issued by the United States Environmental Protection Agency (U.S. EPA) in September 2000, and the U.S. EPA-approved "Remedial Action Work Plan," dated September 18, 2000.

1.2 Site Location and Layout

The Scrap Yard is located at 1715 Wentworth Avenue in Chicago Heights, Illinois. Figure 1-1 depicts the site location and Figure 1-2 depicts the site layout, including the location where the site owner indicated Nicor Gas scrap metal was accumulated.

This scrap metal area was identified during a site inspection by the Illinois EPA and subsequently during a site walkover on September 19, 2000. Huff & Huff conducted the site walkover on September 19, 2000 with the site owner, Mr. Larry Malis. The entire site was inspected, looking for regulators. In addition, the areas near the metal shear and inside the workshop were screened for mercury vapors with a Jerome Mercury Vapor Analyzer (Jerome Meter).

The scrap pile area depicted on Figure 1-2 was identified as the only area containing mercury-type regulators. (Jerome Meter readings of soil at the metal shear were 0.000 and 0.007 mg/cu m. All Jerome Meter readings of the metal shear itself were 0.000 mg/cu m. All Jerome Meter readings in the workshop also were 0.000 mg/cu m, with the exception of a few readings inside of a lugger box; these readings ranged from 0.000 to 0.011 mg/cu m. See Appendix A for screening results and Section 2 for soil results.)

1.3 Personnel

Key personnel associated with this project are:

Mr. Steven Faryan	On-Scene Coordinator	U.S. EPA
Ms. Claudia Macholz	Project Manager	Nicor Gas
Mr. James E. Huff, P.E.	Project Coordinator	Huff & Huff
Mr. Perre Krizanek	Contractor	Heritage Environmental Services
Mr. Larry Malis	Site Owner	Chicago Hts. Iron & Salvage

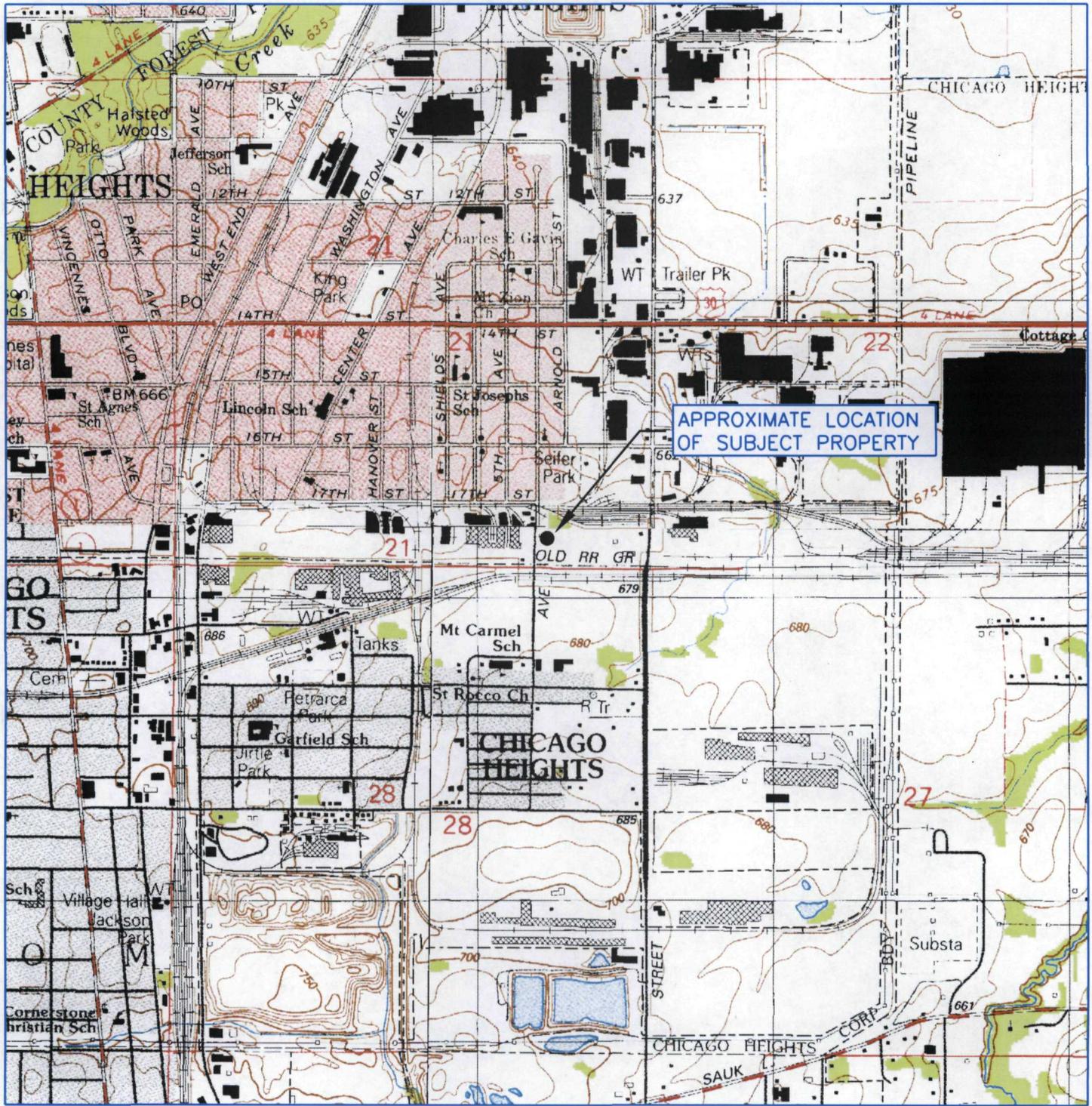
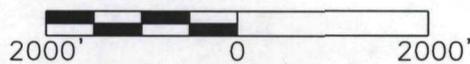
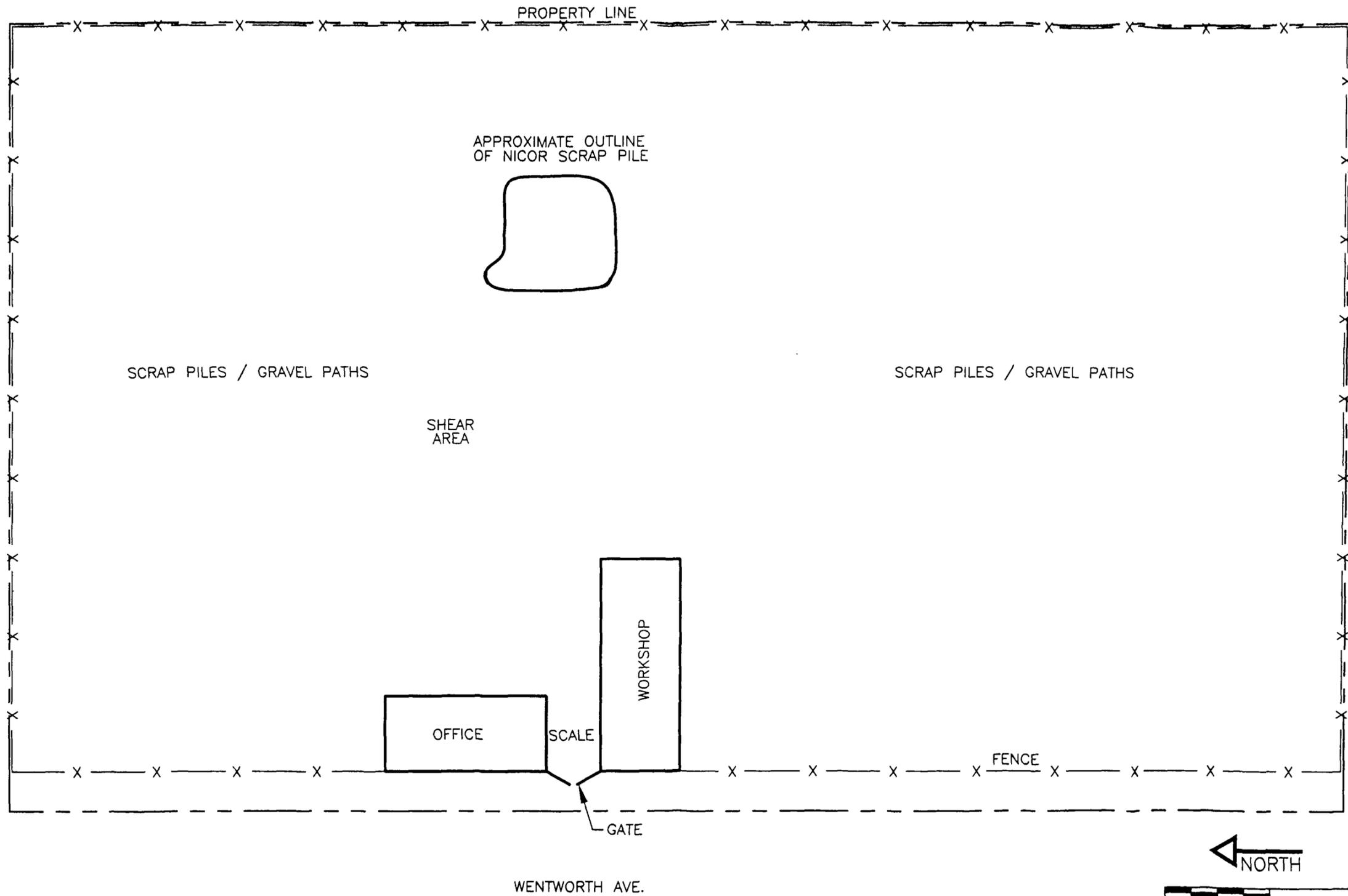


FIGURE 1-1
 SITE LOCATION MAP
 CHICAGO HEIGHTS IRON & SUPPLY CO.
 CHICAGO HEIGHTS, ILLINOIS



SOURCE: UNITED STATES DEPARTMENT OF THE INTERIOR, GEOLOGICAL SURVEY
 DYER, STEGER, CALUMET CITY, & HARVEY, ILLINOIS QUADRANGLES



NORTH
 40' 0 40'
 FIGURE 1-2
 SITE LAYOUT MAP
 CHICAGO HEIGHTS IRON & SUPPLY CO.
 CHICAGO HEIGHTS, ILLINOIS

1.4 Schedule

The Section 106(a) Order was issued in September 2000. Work began at the Scrap Yard on September 19 and was complete by December 1, 2000. This time frame is in accordance with the U.S. EPA-approved schedule. (Work activities are detailed in Section 2.)

2. WORK ACTIVITIES

2.1 Overview

Work activities were performed in general compliance with the approved site work plan ("Removal Action Work Plan, September 18, 2000"). Field changes to the approved site work plan were made as directed by the U.S. EPA On-Scene Coordinator.

Work activities included:

- scrap metal sorting (to segregate mercury-type regulators)
- soil sampling (to determine potential mercury impacts to underlying soil)
- material removal (including mercury-type regulators, scrap metal and debris, excavated soil, and decontamination water)
- air monitoring (to assess mercury levels in ambient air)

Site photographs and air monitoring results are presented in Appendix B. Waste manifests are presented in Appendix C.

2.2 Material Sorting and Removal

The following table summarizes the material removed from the site, the classification of each waste stream, and the destination to which it was sent.

Material	Quantity	Waste Type	Destination
Mercury-Type Regulators	482 Regulators	High-Level Hg Hazardous Waste	To Superior Special Services Via Heritage (Lemont)
Personal Protective Equip. (PPE) and Debris	3 One-cy box,	High-Level Hg Hazardous Waste	To EQ Via Heritage (Lemont)
Decon Water	3 Drums	Low-Level Hg Hazardous Waste	To Heritage (Indianapolis) Via Heritage (Lemont)
Scrap Metal	7 Roll-Off Boxes	Non-Hazardous Waste	To Newton County Landfill
Soil and Debris (paper, plastic, ...)	19 Roll-Off Boxes	Non-Hazardous Waste	To CID (18) and Woodland (1) Landfills

2.3 Soil Sampling and Excavation

2.3.1 Screening and Sampling Locations

Soil beneath the identified scrap pile and in the area around the eastern half of the shear were evaluated after all scrap metal was removed. The evaluation included screening for mercury vapor with a Jerome Meter and laboratory analysis of mercury (total and TCLP).

The area was divided into a grid of 10 feet by 10 feet squares, as depicted on Figure 2-1. Soils at each grid point were screened with the Jerome Meter. A six-inch layer of soil was removed from the ten-foot square area around each grid point having a Jerome Meter reading above 0.010 mg/cu m; the excavation process continued until all squares achieved readings of 0.010 mg/cu m mercury or less. Table 2-1 presents the final Jerome Meter readings and final excavation depths.

When excavation was complete, soil samples were collected for laboratory analysis. One soil sample was collected from each column of the grid: the sample from the grid point having the highest Jerome Meter reading in the column was selected (see Table 2-1). This selection method helped to assure evaluation of the area of greatest potential impact.

The selected soil samples were analyzed for mercury (total and TCLP) and pH at Test America Laboratories in Bartlett, Illinois. The total mercury results range from 0.72 mg/kg to 140 mg/kg. The TCLP mercury results range from <0.0002 mg/L to 0.0011 mg/L.

Copies of the laboratory analytical reports are provided in Appendix D, along with U.S. EPA split-sample preliminary results (draft). The split-sample data are in general agreement with the Test America results, with two exceptions: for sample A6, Test America's result is 140 mg/kg, versus a U.S. EPA result of 0.87 mg/kg; and for sample B6, Test America's result is 0.72 mg/kg, versus a U.S. EPA result of 50.5 mg/kg.

2.3.2 Soil Sampling Results

Tables 2-2 through 2-4 present the final soil sample results in comparison to the U.S. EPA-approved cleanup objectives. These objectives are the most conservative Illinois "Tier 1" cleanup objectives for industrial/commercial properties (including construction worker exposure). Each of the three Tier 1 exposure pathways is considered: soil component of groundwater ingestion, soil ingestion, and inhalation.

- **Soil Component of Groundwater Ingestion (Class I)**

The Tier 1 objective for the soil component of Class I groundwater ingestion pathway is 0.002 mg/L TCLP mercury. All sample results achieve the objective; the highest result is 0.0011 mg/L at K-2 (see Table 2-2).

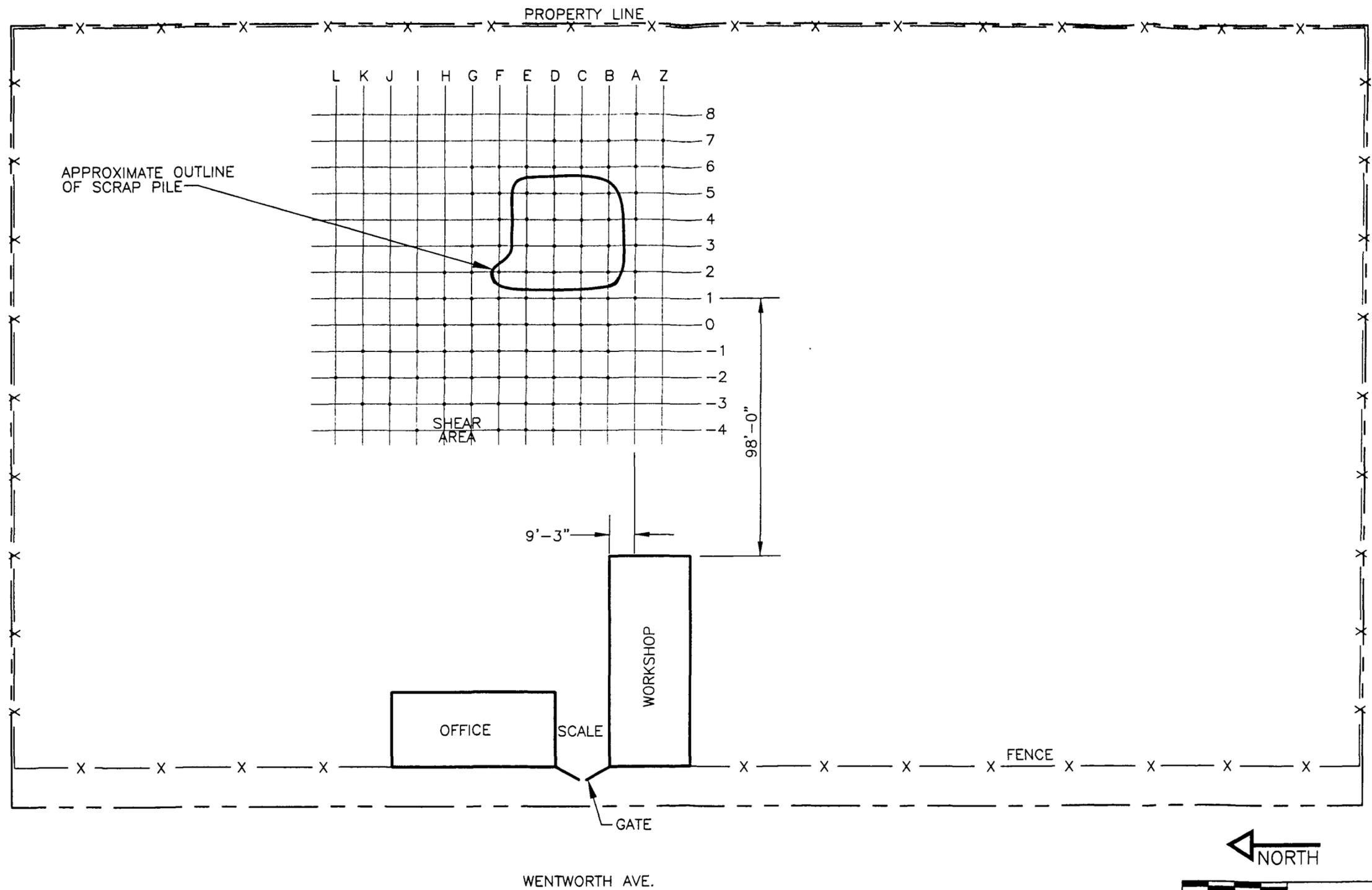


FIGURE 2-1
 SAMPLE LOCATION GRID
 CHICAGO HEIGHTS IRON & SUPPLY CO.
 CHICAGO HEIGHTS, ILLINOIS

TABLE 2-1
CHICAGO HEIGHTS
FINAL JEROME METER READINGS

Location	Depth inches, bgs	Hg Reading mg/m ³
A1	0-6	0.000
A2	0-6	0.000
A3	0-6	0.000
A4	0-6	0.000
A5	0-6	0.000
A6	6-12	0.007 a/
A7	6-12	0.000
A8	0-6	0.000
B(-2)	6-12	0.000
B0	0-6	0.000
B1	0-6	0.000
B2	0-6	0.002
B3	0-6	0.002
B4	12-18	0.004
B5	6-12	0.006
B6	6-12	0.006 a/
B7	0-6	0.000
C(-3)	0-6	0.003
C(-2)	6-12	0.000
C(-1)	0-6	0.000
C0	18-24	0.000
C1	18-24	0.006
C2	18-24	0.000
C3	12-18	0.005
C4	6-12	0.006 a/
C5	6-12	0.005
C6	0-6	0.000
C7	0-6	0.004
D(-4)	0-6	0.000
D(-3)	6-12	0.005
D(-2)	6-12	0.002
D(-1)	0-6	0.000
D0	6-12	0.006
D1	0-6	0.005
D2	6-12	0.010
D3	12-18	0.008
D4	6-12	0.009 a/
D5	6-12	0.000
D6	0-6	0.004
D7	0-6	0.000
E(-4)	0-6	0.005
E(-3)	12-18	0.003
E(-2)	6-12	0.000
E(-1)	12-18	0.004
E0	0-6	0.006
E1	12-18	0.002
E2	6-12	0.000

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TABLE 2-1
CHICAGO HEIGHTS
FINAL JEROME METER READINGS

Location	Depth inches, bgs	Hg Reading mg/m ³
E3	18-24	0.000
E4	6-12	0.000
E5	6-12	0.000
E6	0-6	0.007 a/
F(-4) ^{c/}	0-6	0.007 a/
F(-3)	0-6	0.000
F(-2)	6-12	0.000
F(-1)	12-18	0.003
F0	0-6	0.000
F1	0-6	0.004
F2	6-12	0.000
F3	6-12	0.000
F4	0-6	0.000
F5	0-6	0.002
F6	6-12	0.000
F7	0-6	0.005 a/
G(-3)	0-6	0.000
G(-2)	12-18	0.000
G(-1)	6-12	0.000
G0	6-12	0.007
G1	0-6	0.006
G2	0-6	0.008
G3	0-6	0.010 a/
G4		b/
G5	0-6	0.000
G6	0-6	0.000
H(-3)	0-6	0.004
H(-2)	0-6	0.004
H(-1)	6-12	0.000
H0	6-12	0.004 a/
H1	6-12	0.003
I(-4) ^{d/}	0-6	0.000
I(-2)	0-6	0.000
I(-1)	6-12	0.000
I0	0-6	0.009 a/
I1	0-6	0.000
J(-3)	0-6	0.000
J(-2)	6-12	0.002
J(-1)	0-6	0.004 a/
K(-3)	0-6	0.000
K(-2)	6-12	0.005 a/
K(-1)	0-6	0.000
L(-2)	0-6	0.000 a/

a/ Sample analyzed by laboratory

b/ No sample.

c/ South of Shear

d/ North of Shear

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**TABLE 2-2
CHICAGO HEIGHTS IRON & SUPPLY**

TIER 1 COMPARISON: SOIL COMPONENT OF GROUNDWATER INGESTION

Location	Date	Depth, inches bgs	Jerome Mtr, Final, mg/cu m	TCLP Hg, mg/L
Tier 1 Objective				0.0020
North of Shear				
A6	09/19/00	0 to 6	0.007	<0.0002
B6	09/22/00	6 to 12	0.007	<0.0002
C4	09/22/00	6 to 12	0.006	<0.0002
D3	09/26/00	6 to 12	0.006	0.0007
E6	09/26/00	12 to 18	0.008	<0.0002
F7	09/26/00	0 to 6	0.007	<0.0002
G3	09/26/00	0 to 6	0.005	<0.0002
H0	09/26/00	0 to 6	0.010	<0.0002
I0	09/26/00	6 to 12	0.004	<0.0002
J(-1)	09/26/00	0 to 6	0.009	<0.0002
K(-2)	09/26/00	0 to 6	0.004	0.0005
L(-2)	09/26/00	6 to 12	0.005	0.0011
	09/26/00	0 to 6	0.000	<0.0002

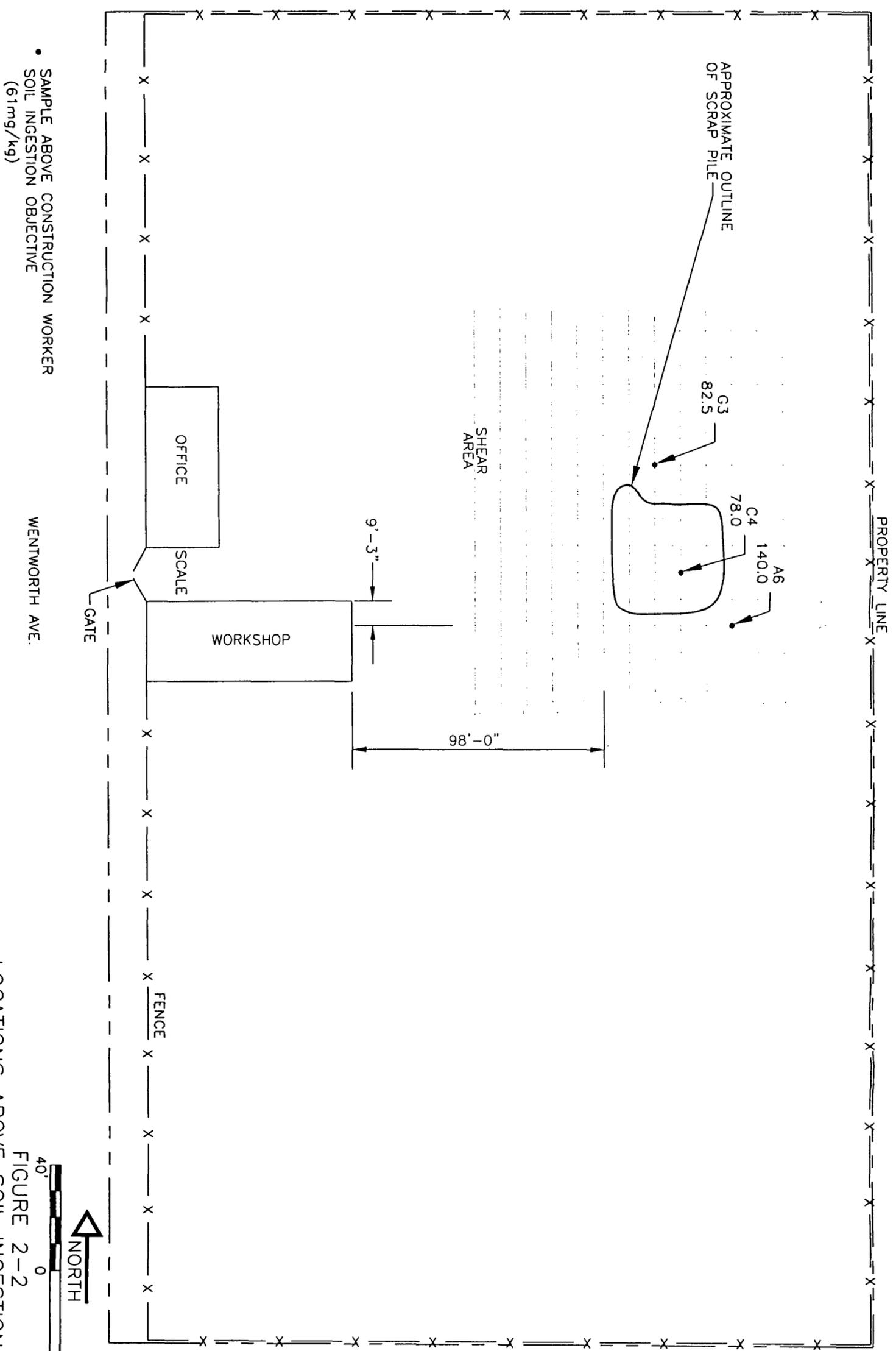
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**TABLE 2-3
CHICAGO HEIGHTS IRON & SUPPLY
TIER 1 COMPARISON: SOIL INGESTION**

Location	Date	Depth, inches bgs	Jerome Mtr, Final, mg/cu m	Total Hg, mg/kg
Tier 1 Objective				
Ind/Comm				610.0
Constr. Wrk				61.0
North of Shear	09/19/00	0 to 6	0.007	34.3
A6	09/22/00	6 to 12	0.007	140.0 ^{a/}
B6	09/22/00	6 to 12	0.006	0.7
C4	09/26/00	6 to 12	0.006	78.0
D3	09/26/00	12 to 18	0.008	2.9
E6	09/26/00	0 to 6	0.007	48.9
F7	09/26/00	0 to 6	0.005	7.4
G3	09/26/00	0 to 6	0.010	82.5
H0	09/26/00	6 to 12	0.004	7.5
I0	09/26/00	0 to 6	0.009	31.5
J(-1)	09/26/00	0 to 6	0.004	53.1
K(-2)	09/26/00	6 to 12	0.005	56.0
L(-2)	09/26/00	0 to 6	0.000	20.6

a/ **Bolded values above Construction Worker Objective.**

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- SAMPLE ABOVE CONSTRUCTION WORKER SOIL INGESTION OBJECTIVE (61mg/kg)

LOCATIONS ABOVE SOIL INGESTION OBJECTION FOR CONSTRUCTION WORKERS CHICAGO HEIGHTS IRON & SUPPLY CO. CHICAGO HEIGHTS, ILLINOIS



- Soil Ingestion

The Tier 1 objective for the soil ingestion pathway is 610 mg/kg for industrial/commercial exposure and 61 mg/kg for construction worker exposure. All sample results achieve the industrial/commercial objective; the highest result is 140 mg/kg. However, three results out of thirteen were above the construction worker objective: 140 mg/kg at A6, 6 to 12 inches; 78 mg/kg at C4, 6 to 12 inches; and 82.5 mg/kg at G3, 0 to 6 inches; (see Table 2-3 and Figure 2-2).

- Inhalation

The Tier 1 objective for the inhalation pathway is 540,000 mg/kg for industrial/commercial exposure and 52,000 mg/kg for construction worker exposure. All sample results achieve the objectives; the highest result is 140 mg/kg at A6 (see Table 2-4).

Based upon these confirmation sample results, all soils achieve the applicable Tier 1 cleanup objectives for industrial/commercial properties. However, because three of the thirteen soil results are above the construction worker exposure objectives, a "Construction Worker Caution Notice" is appropriate for the site. The Caution Notice is utilized under the Illinois EPA Site Remediation Program rules to allow construction workers performing work at sites with impacted soils to take appropriate precautions to avoid exposure. In accordance with Illinois regulations, the Caution Notice can be addressed with a site "Safety Plan."

A copy of the Safety Plan is provided in Appendix E. This plan will be maintained at the site and will be implemented whenever construction activities that might disturb soils in the area of the former scrap pile are performed. Also, as agreed to by U.S. EPA and the site owner, and industrial/commercial land use restriction will be established for the site.

2.4 Air Monitoring

2.4.1 Exclusion Zone Air Monitoring

Two methods of air monitoring were used to measure ambient air levels in the exclusion zone; a Jerome Meter and real time passive mercury vapor badges. The Jerome Meter was used to record mercury levels in the ambient air at the four sides and the most active portion of the exclusion zone, approximately every 20 minutes. All mercury vapor readings, except nine, were 0.000 mg/cu m. The nine readings above 0.000 mg/cu m ranged from 0.003 mg/cu m to 0.008 mg/cu m. Log sheets of the exclusion zone monitoring are included in Appendix B.

Passive real time badges were placed at four locations just outside the exclusion zone. No mercury was detected in any of the badges, which display a color change at an 8-hour exposure of 0.02 mg/cu m.

2.4.2 Worker Air Monitoring

All workers inside the exclusion zone wore passive mercury detection badges, which change color upon a time-weighted exposure of 0.02 mg/cu m. No color change was detected on any of the badges.

**TABLE 2-4
CHICAGO HEIGHTS IRON & SUPPLY**

TIER 1 COMPARISON: INHALATION

Location	Date	Depth, inches bgs	Jerome Mtr, Final, mg/cu m	Total Hg, mg/kg
Tier 1 Objective				
Ind/Comm				540,000.0
Constr. Wrk				52,000.0
North of Shear	09/19/00	0 to 6	0.007	34.3
A6	09/22/00	6 to 12	0.007	140.0
B6	09/22/00	6 to 12	0.006	0.7
C4	09/26/00	6 to 12	0.006	78.0
D3	09/26/00	12 to 18	0.008	2.9
E6	09/26/00	0 to 6	0.007	48.9
F7	09/26/00	0 to 6	0.005	7.4
G3	09/26/00	0 to 6	0.010	82.5
H0	09/26/00	6 to 12	0.004	7.5
I0	09/26/00	0 to 6	0.009	31.5
J(-1)	09/26/00	0 to 6	0.004	53.1
K(-2)	09/26/00	6 to 12	0.005	56.0
L(-2)	09/26/00	0 to 6	0.000	20.6

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3. COSTS

The Section 106(a) Order requires that Nicor Gas prepare a good faith estimate of the total costs incurred in complying with the Order. Nicor Gas estimates that approximately \$89,900 has been spent for closure of the Chicago Heights Scrap Yard.

The cost breakdown is as follows:

Engineering Oversight (including report preparation).....	\$39,200
Contractor (Heritage).....	\$14,450 ^a
Analytical.....	\$ 5,500
Waste Transportation and Disposal	
Hazardous Waste.....	\$18,000 ^b
Non-Hazardous Waste	\$12,750

^a Costs through 12/31/01.

^b Estimated value based upon 480 regulators @ \$25/regulator and \$6,000 for PPE and debris.



Typical mercury type regulator



Typical view of scrap pile with regulators



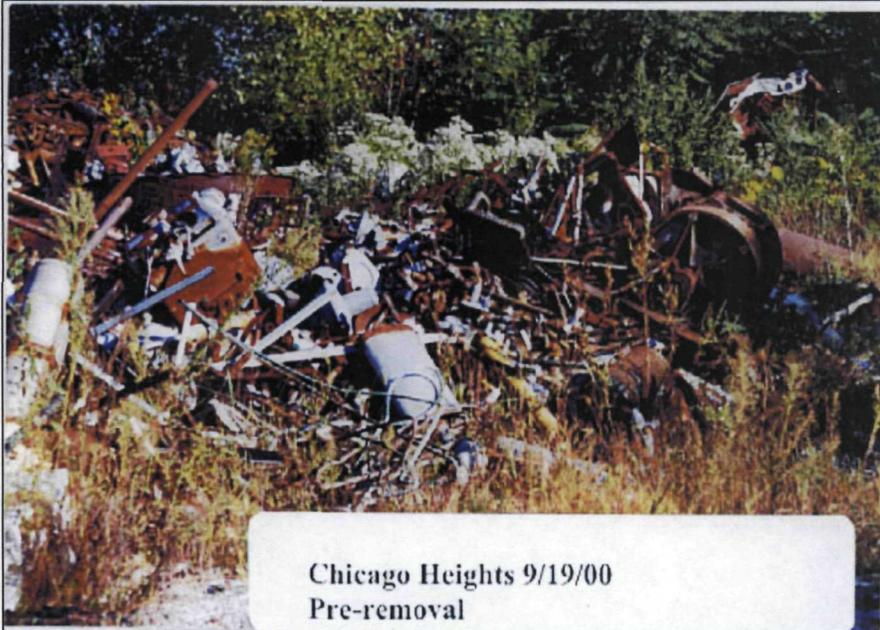
Typical view of scrap pile with regulators



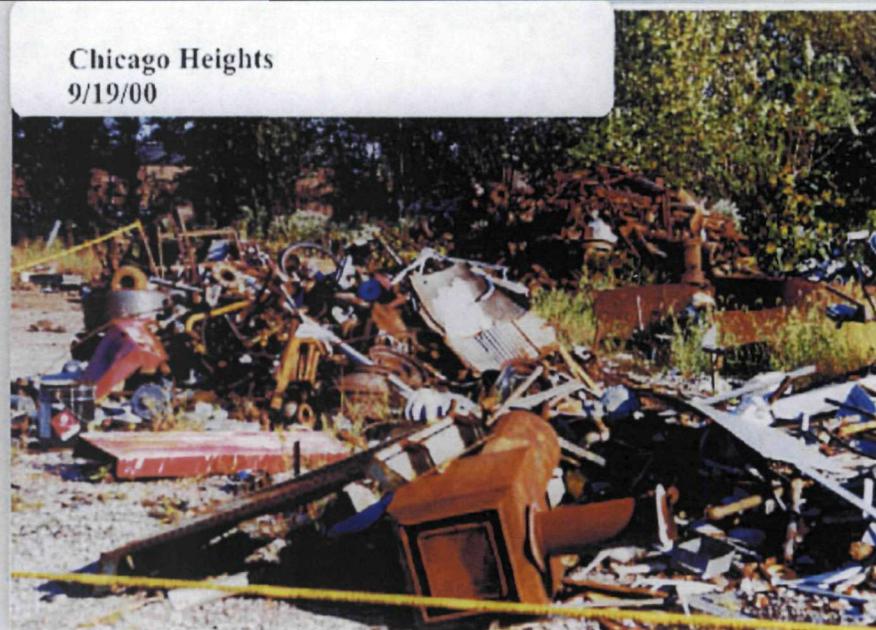
Typical view of scrap pile with regulators

CHICAGO HEIGHTS IRON & SUPPLY CO.
CHICAGO HEIGHTS, ILLINOIS
AUGUST 2000

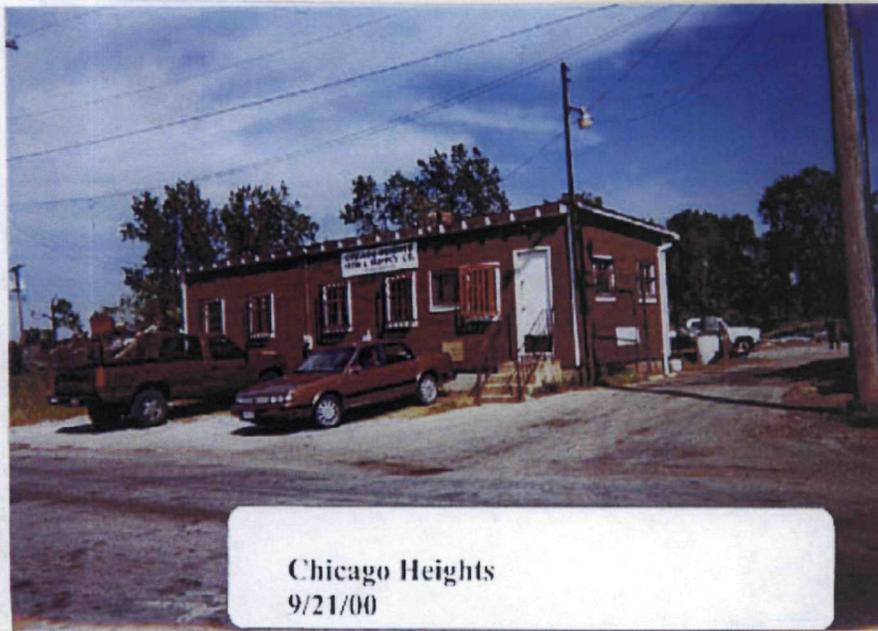
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Chicago Heights 9/19/00
Pre-removal



Chicago Heights
9/19/00

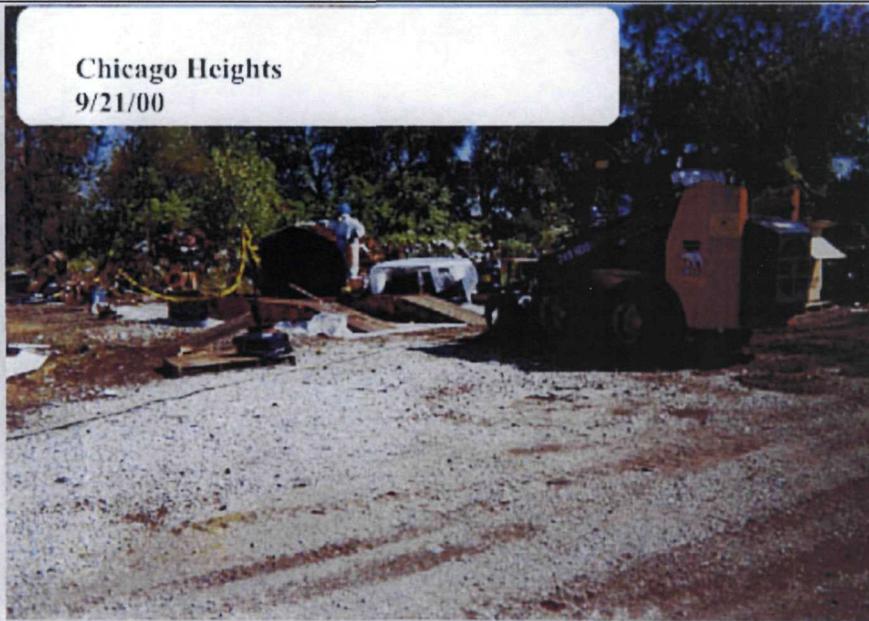


Chicago Heights
9/21/00

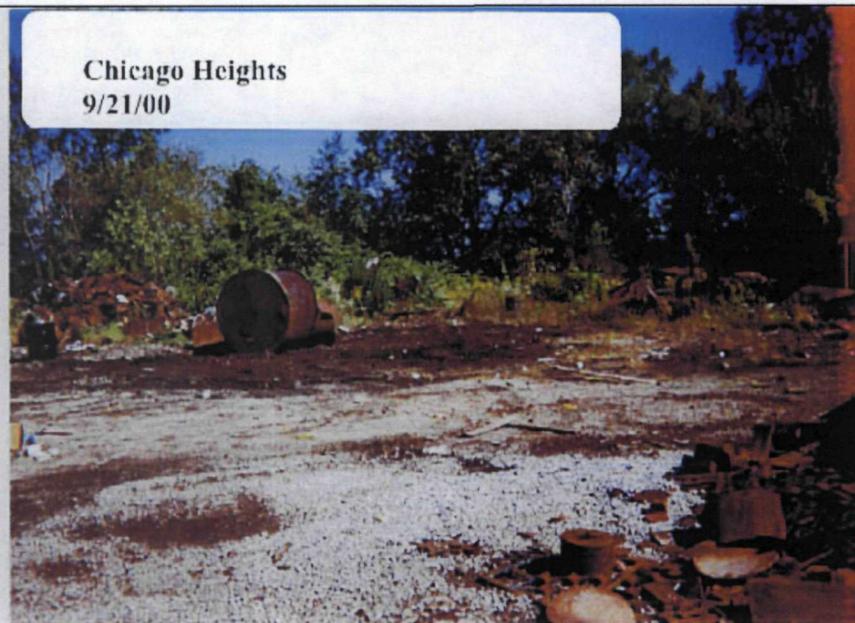


Chicago Heights 9/19/00
Photo of shear looking north

Chicago Heights
9/21/00



Chicago Heights
9/21/00



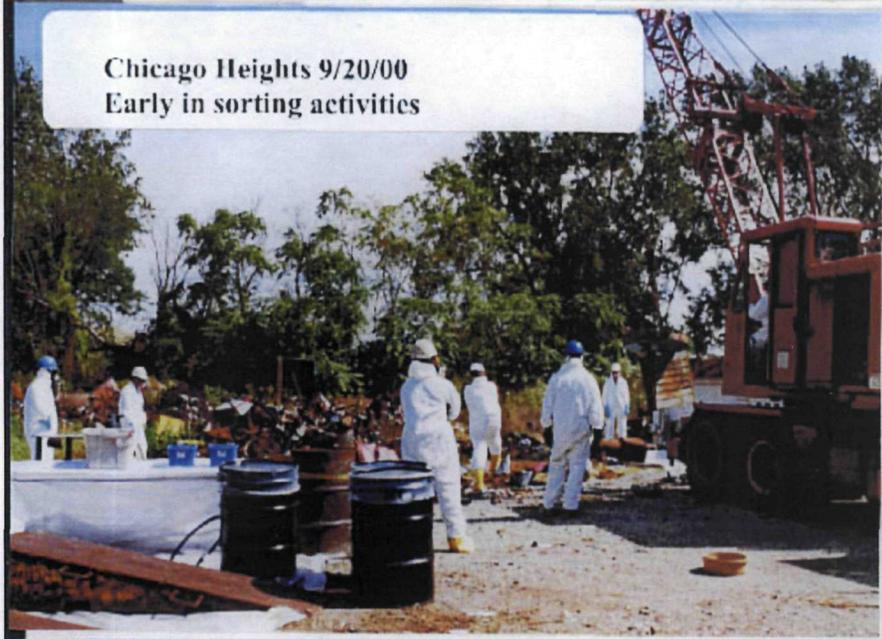
Chicago Heights
9/22/00



Chicago Heights
9/22/00



Chicago Heights 9/20/00
Early in sorting activities



Chicago Heights 9/21/00
Hg Regulator- No cap on end



Chicago Heights 9/19/00
Hg Regulators



9/19/00
Hg carrier of Nicor



Projects (continued)

9-19-00

Chicago ~~to~~ Heights Iron +
supply

Huff + Huff at site ~ 8:15
Jim Huff
Lisa Paulson
Jose Gonzalez

USEPA - Steve Farman
Ecology & Env. - Bill Sasser →
Case site

both already at site

met w/ Larry, owner

Sunny ~ 65°, windy

Kevin at site ~ 8:30
Heritage

- Paulson

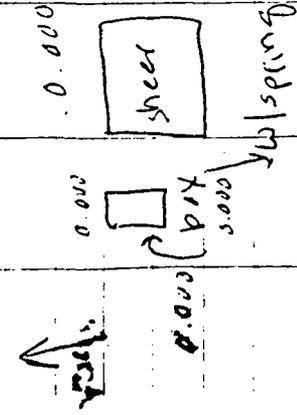
Chicago Heights
 placed mercury
 on 4 sides
 exclusion zone

9-19-00

used Jerome meter
 to record reading on
 shear

0.000 mg/m³
 0.000 mg/m³

pile of metal shavings
 0.000 mg/m³

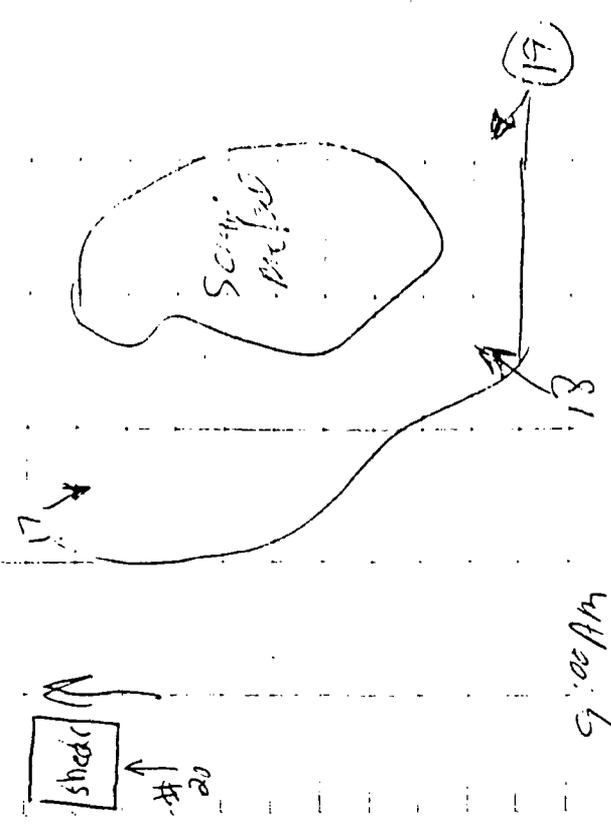


sound readings

L Paulson

9/19

Photos 17, 18, 19.



9:00 AM

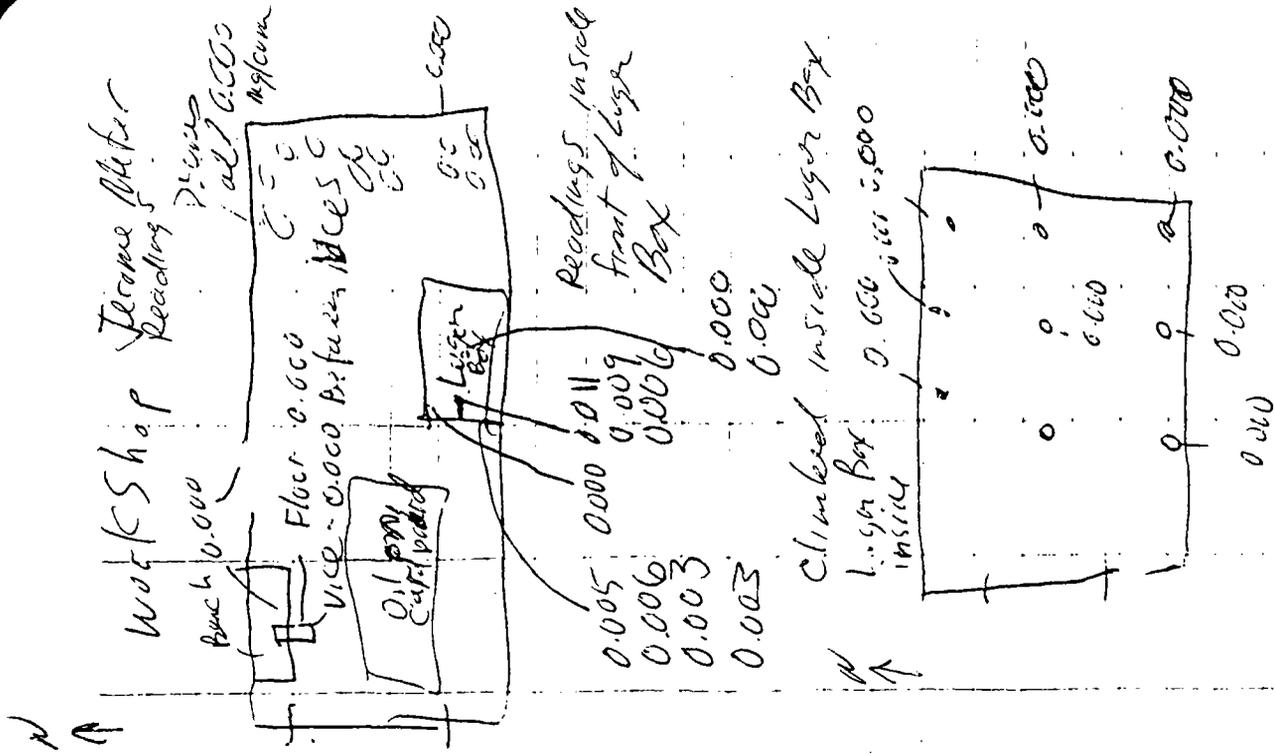
Walked side with owner
 Louis Malis. He didn't
 take in ~~scrap~~ SCRAP
 from Grandview since early
 1988. He is reasonably
 certain on scrap is at
 the present location.
 We walked entire site, no
 evidence of Nicortype scrap
 He sorts by type of scrap

L Paulson

wouldn't make any sense to mix scraps because markets differ with each type. Very obvious on type of scrap by the various piles.

There are no scrap metal bins (zinc pipes) at the Scrap yard. Potential 6-7 boxes that could have been used by Nicor Open wood

JEK



JEK

SHEAR SOIL SAMPLING

1. NORTH OF SIKAR

10:17 AM 1.006

2.007

3.008

THE SAMPLES

1. NORTH OF SIKAR

2.007

moist SOIL

10:29 AM

SOUTH OF SIKAR

1. 0.000

2. 0.000

3. 0.000

ALSO SAMPLED FRONT OF SHERR

MACHINE AT SOIL LEVEL = 0.000

Heritage crew at site
~ 11:15.

Kevin conducted site safety meeting & signed site safety plan.

Ecology - Enu, and EPA did not sign
A Paulson

our safety plan - they had their own plan

- Begin Lining, Roll over - line G R. line

Hand sorting began - 12

put tripple plastic on ground between crane roll off spot.

Double lined roll of byc.

Started sorting w/ crane ~ 1:30

Approximately 2:30 observed household carrier & placed in drum #3 carrier ~ 1/5 full of mercury

A Paulson

APPENDIX B

AMBIENT AIR SAMPLING FIELD LOG

Project: Nicor Gas Location: Chicago Heights Iron & Supply Co.

Project Number: Date: 9-19-00

Sampler: A Paulsen

Time	Location	mg/m ³	Remarks/Weather
8:38	exclusion zone - west side	0.000	sunny < 70° ~ 65
8:39	exclusion zone - south side	0.000	windy
8:42	" - east side	0.000	
8:44	exclusion zone - north side	0.000	
12:58	exclusion zone west	0.000	started hand sorting
12:59	" south	0.000	regulators
1:01	" east	0.000	
1:03	" north	0.000	
1:40	inside exclusion zone	0.000	started sorting w/ crane
2:00	" "	0.000	
2:15	" "	0.000	
2:17	exclusion zone west	0.000	
2:18	" north	0.000	
2:19	" south	0.000	
2:48	inside exclusion zone	0.003	
3:03	" "	0.003	
3:06	north exclusion zone	0.000	
3:08	south "	0.000	
3:14	west "	0.000	
3:10	east "	0.000	

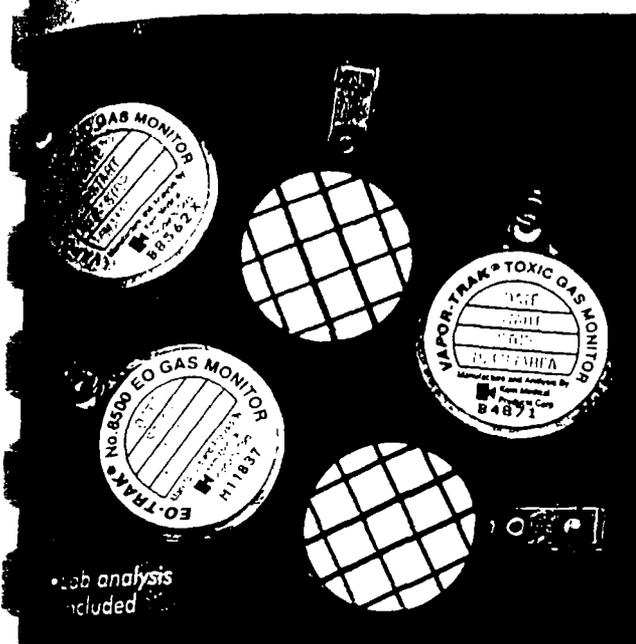
AMBIENT AIR SAMPLING FIELD LOG

Project: Nicar Gas Location: Chicago Heights Iron & Supply Co.

Project Number: 9-20-00 Date: 9-20-00

Sampler: LF / STU

Time	Location	mg/m ³	Remarks/Weather
8:31	West exclusion zone	0.000	} background } ~60% humidity cloudy
8:32	North " zone	0.000	
8:34	South " "	0.000	
8:35	East " "		
9:10	exclusion zone	0.008	
9:31	exclusion zone	0.008	
9:32	North exclusion zone	0.000	
9:33	West " "	0.000	
9:34	South " "	0.000	
9:34	East exclusion zone	0.000	
9:50	exclusion zone "	0.007	
10:13	exclusion zone	0.013	
10:27	North " "	0.000	
10:28	West " "	0.000	
10:28	South " "	0.000	
10:30	East " "	0.000	
10:30	exclusion zone	0.003	
Break for moving roll off boxes, placing plastic liners			
12:30	exclusion zone	0.000	Saturated, 09.20.00
12:32	North	0.000	
12:33	West	0.000	
12:34	South	0.000	
12:35	East	0.000	



Personal Monitors

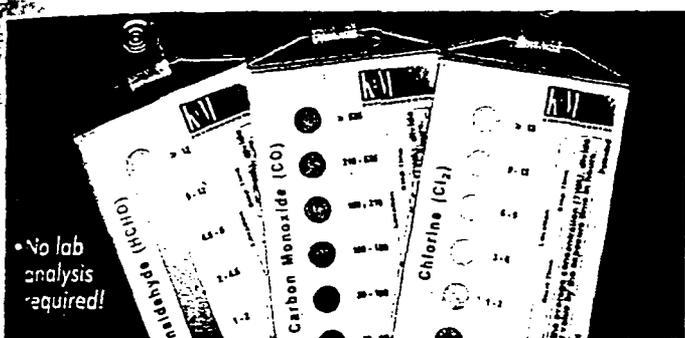
Monitor Exclusively for Many Critical Contaminants at a Very Reasonable Rate

Designed to be worn in an employee's breathing zone to measure their personal exposure limit to a variety of toxic vapors. Conveniently clips to pockets or lapels for simple on-the-spot sampling.

Specifications: All can be used for eight-hour Time-Weighted Average (TWA) or 15-min. Short-Term Exposure Limit (STEL) monitoring. *Organic Vapors monitor* measures benzene, ethylbenzene, toluene and xylene isomers. Price includes postage-paid mailer and pre-paid analysis. Badges are analyzed promptly and an analysis report is returned to you promptly. Only one lab is used, so each time you use these badges a historic update of your employee's exposure profile is provided. Box of four.

No.	Description	TLV/ ppm	Sensitivity/ ppm	Each Box of 4
9A-10579	Nitrous Oxide	50	2.0	217.40
9A-10580	Formaldehyde	0.3 (ceiling)	0.02	217.40
9A-10581	Xylene	100	0.02	217.40
9A-10582	Ethylene Oxide	1	0.02	217.40
9A-17075	Organic Vapors	-	0.02	244.60
9A-25352	Methylene Chloride	50	0.02	217.40

• Lab analysis included



• No lab analysis required!

ChromAir™ Colorimetric Badges

Immediate, Accurate Exposure Monitoring
Clear, easy-to-read color change. No lab analysis needed. No chemicals to mix. All exposure data and levels appear on the badge eliminating time spent waiting for samples from the lab.

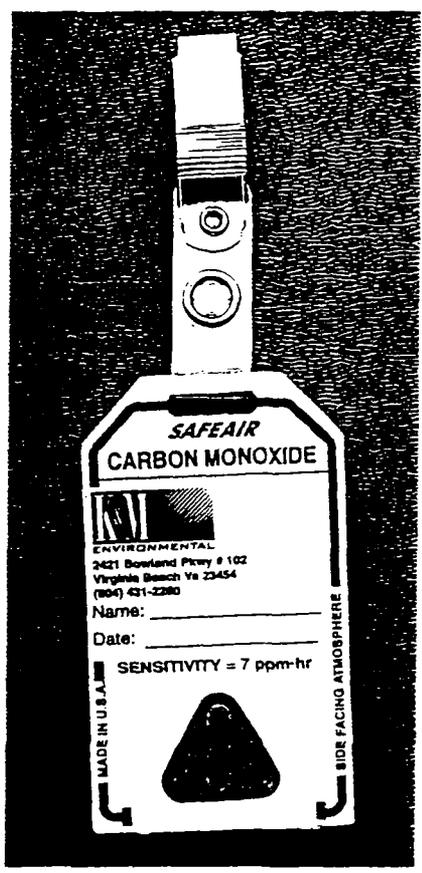
Specifications: Unique design minimizes the effects of humidity, air velocity and cross-sensitivity for increased exposure monitoring accuracy. A convenient exposure dose scale is printed on the back of the badge to the side of each cell for a quick read of exposure results. Locate what you need to test for from the list below. Box of 50. Refrigerate until use. Reusable *Carbon Monoxide, Formaldehyde, Glutaraldehyde, Hydrogen Sulfide* and *Mercury Color Comparators* are available to increase the resolution of the badges. Match the colors on the badge to the comparator for exact readings. **Badge Clips** required for all badges except acetone and methanol.

No.	Chemical	ppm x hr.	Min. Detectable Limit in 8 hrs.	Each
9A-25487	Acetone (Clips included)	20-24000	2.5	10/105.85
9A-25488	Ammonia	4-300	0.50	10/105.85
9A-25489	Carbon Monoxide	10-525	1.25	10/105.85
9A-33919	Carbon Monoxide Color Comparator			ea./53.50
9A-25490	Chlorine	0.4-13	0.05	10/105.85
9A-25491	Formaldehyde	3-12	0.04	10/105.85
9A-26665	Formaldehyde Color Comparator			ea./53.50
9A-25993	Glutaraldehyde	STEL (15 min.)	.04-.95	10/105.85
9A-26666	Glutaraldehyde Color Comparator			ea./47.95
9A-33917	Hydrazine	0.01-0.8	0.002	10/123.05
9A-25493	Hydrogen Sulfide	1-240	0.25	10/105.85
9A-33920	Hydrogen Sulfide Color Comparator			ea./53.50
9A-26756	Mercury	0.15-1.4 mg/m ³	0.02 mg/m ³	10/105.85
9A-26757	Mercury Color Comparator			ea./53.45
9A-25494	Methanol (clips included)	27-3200	3.38	10/105.85
9A-25495	Nitrogen Dioxide	0.5-13.0	0.06	10/105.85
9A-26758	Ozone	0.08-1.6	0.1 ppm	10/105.85
9A-25496	Sulfur Dioxide	0.1-16	0.13	10/105.85
9A-26644	Badge Clips			10/8.25

SafeAir™ Badges *Inexpensive, Easy-to-Use Screening Devices*

Badges are economical enough for daily exposure screening, with no lab analysis required. Can be used for as little as 15 minutes or as long as several hours (see maximum recommended sampling time listed below).

Specifications: Immediate visual indication lets you know when a specific chemical is present at the threshold level listed below. Unmistakable results—chemical exposure causes an exclamation point to change color. Package of 50. Refrigerate until use. Badges simply clip on your pocket or lapel. **Clips** are sold separately in packages of 10.



No.	Chemical	Threshold Level ppm x hr.	Minimum Detectable Limit in 8 hrs.	Maximum Recommended Sampling Time	Each Pkg. of 50
9A-26597	Ammonia	4.0	0.50	48 hrs.	140.10
9A-33921	Carbon Dioxide	8000	1000	10 hrs.	148.15
9A-26599	Carbon Monoxide	7.0	1.0	10 hrs.	140.10
9A-26598	Chlorine	0.2	0.025	48 hrs.	140.10
9A-26602	Formaldehyde	0.4	.05	10 hrs.	140.10
9A-33922	Hydrazine	8.0 ppb	1.0 ppb	48 hrs.	182.55
9A-26661	Hydrogen Sulfide	2.0	0.25	48 hrs.	137.00
9A-26603	Mercury	0.1/0.2	0.013/0.03 mg/m ³	48 hrs.	172.60
9A-26662	Nitrogen Dioxide	1.0	0.125	16 hrs.	140.10
9A-26600	Ozone	0.05	0.006	48 hrs.	140.10
9A-26663	Sulfur Dioxide	0.2	0.025	48 hrs.	140.10
9A-26601	TDI	0.02	0.0025	16 hrs.	156.45
9A-26544	Clips, Pkg. of 10				8.25

OZINGA

TRANSPORTATION SYSTEMS, INC.

E 629111

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

Date _____

Delivery Date 11-11-01

LAUS 4111

Ship To: CENTRAL TRANSPORT
CHICAGO ILL.

Shipper: _____ P.O. No. _____

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		<u>11.000 M-2</u>	Price	
EMPTY		<u>11.000 M-2</u>	Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.
<u>11/11/01</u>	<u>11/11/01</u>	

HOURLY			LOAD TIMES				
PORTAL TO PORTAL			1	2	3	4	5
TIME	LOCATION		Arrive	Begin Load	End Load	Depart	Total
			<u>11:15</u>				
Start							
Finish			<u>12:15</u>				
Total							

REQUESTED TIME: _____ REASON FOR DELAY: _____

LOADER SIGNATURE: [Signature]

OTSI LINER? Y / N _____

HOW MANY? _____

ROLL OFF BOX NUMBERS _____

TRUCK # _____ OTSI TRAILER _____

UNLOAD TIMES			1	2	3	4	5
TIME	LOCATION		Arrive	Begin Unload	End Unload	Depart	Total
			<u>1:00</u>				
DROPPED AT CUSTOMER							
PICKED UP AT CUSTOMER	<u>5403KT</u>		<u>2:30</u>				
Comments							

REQUESTED TIME: _____ REASON FOR DELAY: _____

RECEIVER SIGNATURE: _____

DRIVER SIGNATURE: _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY

ALTERNATE STRAIGHT BILL OF LADING--SHORT FORM

Shipper No. 0511650 001

Original--Not Negotiable

Ozinga Transportation
(Name of Carrier)

Carrier No. _____

Date _____

TO: Consignee <u>Newton Co. Development</u>		FROM: Shipper <u>Niger Reporting Center</u>	
Street <u>2266 E 500 South Rd</u>		Street <u>19199 Glenwood Rd</u>	
Destination <u>Brook, IN</u> Zip Code <u>47922</u>		Origin <u>Glenwood IN</u> Zip Code <u>46042</u>	
Route: _____		Vehicle No. <u>160425</u>	

No. Shipping Units	Kind of Packaging, Description of Articles Special Marks and Exceptions	Weight (Subject to Correction)	RATE	CHARGES
1	Roll off box scrap metal not hazardous by DOT			

REMIT C.O.D. TO: ADDRESS	COD Amt: \$	C.O.D. FEE: PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> \$	TOTAL CHARGES: \$
--------------------------	-------------	--	-------------------

Note: Where the rate is dependent on value, shipper is required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby, specifically stated by the shipper to be not exceeding \$ _____ per _____.

Subject to Section 7 of the commodity classification manual to be delivered to the consignee without recourse and endorsement, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other charges.

(Signature of Consignor) _____

FREIGHT CHARGES

Check Appropriate Box:

Freight prepaid Collect

RECEIVED: subject to the classification and tariff filed tariffs in effect on the date of the issue of this bill of lading, the property described above in apparent good order except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as indicated above and in the carrier's bill of lading receipt. Receipt is made without this contract as meaning any person or corporation in possession of the property, under the contract, agrees to carry this usual case of delivery, at and subject to the usual conditions of the carrier's bill of lading receipt to deliver to another carrier, at the rate to said destination, if mutually agreed as to each carrier, all or any of said property over all or any portion of said route to destination and return to the party of origin, and the carrier's bill of lading receipt shall be subject to all the bill of lading terms and conditions in the governing classification on the date of the shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER <u>Niger Gas</u>	CARRIER <u>Ozinga</u>
PER <u>Claudia Macholy</u>	PER <u>J. Thomas</u> DATE <u>11-16-00</u>

OZINGA

TRANSPORTATION SYSTEMS, INC.

E 628529

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

Date _____

Delivery Date 11-11-01

Ship To: 7700 S. 1st St. / Matteson, IL

Shipper: _____ P.O. No. 14361

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		<u>7000 lbs. 2000 lbs. 1</u>	Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.
<u>7700 S. 1st St.</u>	<u>7700 S. 1st St.</u>	

PORTAL TO PORTAL			LOAD TIMES				
	TIME	LOCATION	1	2	3	4	5
Arrive			<u>11/15</u>				
Start							
Finish							
Total							

MANIFEST NUMBER: _____

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS
DROPPED AT CUSTOMER R25 403
PICKED UP AT CUSTOMER _____

COMMENTS

REQUESTED TIME _____ REASON FOR DELAY _____
LOADER SIGNATURE _____
DRIVER SIGNATURE [Signature] TRUCK # _____ OTSI TRAILER _____

UNLOAD TIMES			1	2	3	4	5
Arrive			<u>12/15</u>				
Begin Unload							
End Unload							
Depart			<u>1/15</u>				
Total							

REQUESTED TIME _____ REASON FOR DELAY _____
RECEIVER SIGNATURE _____
DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY

ALTERNATE STRAIGHT BILL OF LADING - SHORT FORM

Shipper No. 0311055001

Shipping Order Copy

Carrier No. _____

Orange Transportation
(Name of Carrier)

Date _____

TO:			FROM:		
Consignee	Newton Co. Development	Shipper	Nigel Roperchas Center	Street	19184 Shawwood Rd
Street	3266 E. 500 South Rd	Origin	Shawwood Rd	Zip Code	60435
Destination	Braak TN	Zip Code	47922	Vehicle No.	

No. Shipping Units	Kind of Packaging, Description of Articles Special Marks and Exceptions	Weight (Subject to Correction)	RATE	CHARGES
1	Roll off box scrap metal Not hazardous by DOT			

REMIT C.O.D. TO: ADDRESS

COD Amt: \$

C.O.D. FEE: PREPAID COLLECT

TOTAL CHARGES: \$

Freight Charges: \$

Check Appropriate Box: Freight prepaid Collect

(Signature of Consignor)

Note -- Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of the shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER: Nicolas Gas

PER: Claudia Prachely

CARRIER: Orange

DATE: 11-22-00



An Allied Waste Company

Newton County Landfill

2266 E. 500 S., Brook, IN 47922
Tel: (219) 394-2808

001274
HUFF AND HUFF, INC.
512 W. HURLINGTON SUITE 100
LAGRANGE IN 47052

SITE 1R	TICKET 279R42	GRID
WEIGHMASTER RAJIRT. HANNA		
DATE IN 11/20/00	TIME IN 12:48	
DATE OUT 11/20/00	TIME OUT 12:49	
VEHICLE 07811		ROLL OFF
REFERENCE	ORIGIN IAKR COUNTY	

QTY.	LIMIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
5.63	TON	CONSTRUCTION & DEMO.				
Scale 1 Gross Weight 51800 L.R						
Stored Tare Weight 40540 L.R						
Net Weight 11260 L.R						
Inbound - Charge ticket						

Manifest # 718010187 NTCOR GAS-SCRAP METL.

14361
R05403RT B08H

NET AMOUNT
TENDERED
CHANGE
CHECK NO.

SIGNATURE _____

OZINGA

TRANSPORTATION SYSTEMS, INC.

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

E 629114

Date 11-1-85

Delivery Date 11-1-85

Ship To: _____

Shipper: _____ P.O. No. 14345

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD			Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.

HOURLY PORTAL TO PORTAL		
	TIME	LOCATION
Start		
Finish		
Total		

LOAD TIMES					
	1	2	3	4	5
Arrive					
Begin Load					
End Load					
Depart					
Total					

MANIFEST NUMBER: _____

REQUESTED TIME _____ REASON FOR DELAY _____
LOADER SIGNATURE JPM

OTSI LINER? Y / N _____
HOW MANY? _____

DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

ROLL OFF BOX NUMBERS _____
DROPPED AT CUSTOMER _____
PICKED UP AT CUSTOMER _____

UNLOAD TIMES					
	1	2	3	4	5
Arrive	<u>7:30</u>	<u>10:00</u>			
Begin Unload					
End Unload					
Depart	<u>7:50</u>	<u>10:30</u>			
Total					

COMMENTS _____

REQUESTED TIME _____ REASON FOR DELAY _____
RECEIVER SIGNATURE _____
DRIVER SIGNATURE _____ TRUCK # 811 OTSI TRAILER 72270

2ND OFFICE COPY

ALTERNATE STRAIGHT BILL OF LADING - SHORT FORM

Shipper No. 0311055001

Shipping Order Copy

Carrier No. _____

Ozanga Transportation
(Name of Carrier)

Date _____

TO:	FROM:
Consignee <u>Newco Co. Development</u>	Shipper <u>Nicol Reporting Center</u>
Street <u>3366 E 500 South Rd</u>	Street <u>1799 Glenwood Rd</u>
Destination <u>Brock, IN</u>	Origin <u>Glenwood, IN</u>
Zip Code <u>47932</u>	Zip Code <u>60135</u>

No. Shipping Units	Kind of Packaging, Description of Articles Special Marks and Exceptions	Weight (Subject to Correction)	RATE	CHARGES
1	Roll off box scrap metal Net hazardous by DOT			

Vehicle No. _____

REMIT C.O.D. TO: _____

ADDRESS _____

Kind of Packaging, Description of Articles Special Marks and Exceptions _____

Weight (Subject to Correction) _____

RATE _____

CHARGES _____

G.O.D. FEE: PREPAID COLLECT

AMT. \$ _____

COD Amt. \$ _____

TOTAL CHARGES: \$ _____

Freight Charges: Freight prepaid Collect

Note: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.

The carrier shall not make delivery of this shipment without payment of freight, and all other charges.

(Signature of Consignor)

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted contents and condition of contents of packages unknown, marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of the shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns

SHIPPER Nicol Gas

PER Claudia Macintosh

DATE 11-17-00

CARRIER PZ, Inc.

PER John Easton

DATE 11-17-00

OZINGA

TRANSPORTATION SYSTEMS, INC.

E 628530

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

Date 11-19-00

Delivery Date _____

Ship To: _____

Shipper: _____ P.O. No. 14349

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD			Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.

HOURLY			LOAD TIMES					
PORTAL TO PORTAL			1	2	3	4	5	
	TIME	LOCATION	Arrive					
Start			Begin Load					
Finish			End Load					
Total			Depart					
			Total					

MANIFEST NUMBER: _____

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS
DROPPED AT CUSTOMER _____
PICKED UP AT CUSTOMER _____

COMMENTS

REQUESTED TIME _____ REASON FOR DELAY _____
LOADER SIGNATURE [Signature]
DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

UNLOAD TIMES			1	2	3	4	5
Arrive	<u>700</u>	<u>1000</u>					
Begin Unload							
End Unload							
Depart	<u>830</u>	<u>1030</u>					
Total							

REQUESTED TIME _____ REASON FOR DELAY WITHIN LIME AT SCALE
RECEIVER SIGNATURE _____
DRIVER SIGNATURE [Signature] TRUCK # 811 OTSI TRAILER 300

2ND OFFICE COPY

ALTERNATE STRAIGHT BILL OF LADING—SHORT FORM

Shopper No. 0311055001

Shipping Order Copy

Carrier No. _____

Ozinga Transportation
(Name of Carrier)

Date _____

TO: Consignee Newton Co. Development FROM: Shipper Motor Reporting Center
 Street 2266 E. 500 South Rd Street 19199 Glenwood Rd
 Destination Break FN Zip Code 47722 Origin Glenwood FL Zip Code 60425
 Route: _____ Vehicle No. _____

No. Shipping Units	Kind of Packaging; Description of Articles Special Marks and Exceptions	Weight (Subject to Connection)	RATE	CHARGES
1	Roll off box scrap metal Not hazardous by DOT			

REMIT C.O.D. TO: _____
 ADDRESS _____

C.O.D. FEE:
 PREPAID \$ _____
 COLLECT \$ _____

TOTAL CHARGES: \$ _____

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
 The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
 The carrier shall not make delivery of this shipment without payment of freight and all other charges.

FREIGHT CHARGES
 Check Appropriate Box:
 Freight prepaid
 Collect

(Signature of Consignor)

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word "carrier" being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each corner of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of the shipment.
 Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER Nicol Glas CARRIER Ozinga
 PER Claudia Macchiarini PER JOHN FARRON DATE 11-20-00
 Form No. 38411 Made in U.S.A.



Newton County Landfill

2266 E. 500 S., Brook, IN 47922
Tel: (219) 394-2808

An Allied Waste
Company

001274
HUFF AND HUFF, INC.

512 W. BURLINGTON SUITE 100
LAGRANGE, IN 460525

SITE 18	TICKET 279749	GRID
WEIGHMASTER		
RAQUIRI, HANNA		
DATE IN 11/20/00	TIME IN 07:39	
DATE OUT 11/20/00	TIME OUT 07:39	
VEHICLE 02811	ROLL OFF	
REFERENCE	ORIGIN	
LAKE COUNTY		

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
7.93	TON	CONSTRUCTION & DRMD.				
		Scale 1 Gross Weight: 56400 I.R.				
		Stored Tare Weight: 40540 I.R.				
		Net Weight: 15860 I.R.				
Inbound - Charge ticket.						

Manifest # 718010187 NTCOR GAS-SCRAP MFTA

NET AMOUNT
TENDERED
CHANGE
CHECK NO.

[Handwritten Signature]
SIGNATURE

OZINGA

TRANSPORTATION SYSTEMS, INC.

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

E 629113

Date _____

Delivery Date _____

Ship To: _____

Shipper: _____ P.O. No. _____

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD			Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.

PORTAL TO PORTAL			LOAD TIMES				
	TIME	LOCATION	1	2	3	4	5
Arrive							
Begin Load							
End Load							
Depart							
Total							

MANIFEST NUMBER: _____

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS

DROPPED AT CUSTOMER _____

PICKED UP AT CUSTOMER _____

COMMENTS

REQUESTED TIME REASON FOR DELAY

LOADER SIGNATURE _____

DRIVER SIGNATURE TRUCK # OTSI TRAILER

UNLOAD TIMES

	1	2	3	4	5
Arrive					
Begin Unload					
End Unload					
Depart					
Total					

REQUESTED TIME REASON FOR DELAY

RECEIVER SIGNATURE

DRIVER SIGNATURE TRUCK # OTSI TRAILER

2ND OFFICE COPY



An Allied Waste Company

Newton County Landfill

2266 E. 500 S., Brook, IN 47922
Tel: (219) 394-2808

1-1111

001274
HUFF AND HUFF, INC.

512 W. BURLINGTON SUITE 100
LAGRANGE IN 460525

SITE 1 R	TICKET 279434	GRID
WEIGHMASTER RAQUIRI, HANNA		
DATE IN 11/17/00	TIME IN 07:37	
DATE OUT 11/17/00	TIME OUT 07:39	
VEHICLE 07811		ROLL OFF
REFERENCE	ORIGIN TAKR COUNTY	

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
Scale 1 Gross Weight: 53580	I.R	Inbound - Charge ticket				
Stored Tare Weight: 40540	I.R					
Net Weight: 13140	I.R					
6.57	TON	CONSTRUCTION & DEMO.				

1435024
125739
H-ME05E1

Manifest # 718010187 NICOR GAS-SCRAP MR1A

NET AMOUNT
TENDERED
CHANGE
CHECK NO.

SIGNATURE

OZINGA

TRANSPORTATION SYSTEMS, INC.

E 629112

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

Date _____

Delivery Date _____

Ship To: New York B.O. Landfill
BROOK IL

Shipper: _____ P.O. No. 14547

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		SCRAP MC METAL	Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.
CHGO HTS IRVA	CHGO. HTS IL	

PORTAL TO PORTAL		LOAD TIMES				
TIME	LOCATION	1	2	3	4	5
Arrive		1045				
Start						
Finish						
Total						

MANIFEST NUMBER: _____

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS
DROPPED AT CUSTOMER
R25603RT
PICKED UP AT CUSTOMER

COMMENTS

REQUESTED TIME _____ REASON FOR DELAY _____
LOADER SIGNATURE _____
DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

		UNLOAD TIMES				
		1	2	3	4	5
Arrive						
Begin Unload		1200				
End Unload						
Depart		1245				
Total						

REQUESTED TIME _____ REASON FOR DELAY _____
RECEIVER SIGNATURE _____
DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

CUSTOMER COPY

ALTERNATE STRAIGHT BILL OF LADING - SHORT FORM

Shipping Order Copy

Shipper No. 0311655001

Carrier No.

Date

Ozinga Transportation
(Name of Carrier)

TO: Consignee Newton Co. Development FROM: Shipper Nicox Reporting Center
 Street 2366 E. Spa South Rd Street 19199 Glenwood Pl
 Destination Brook, TN Zip Code 47932 Origin Glenwood, TN Zip Code 60405
 Route: _____ Vehicle No. _____

No. Shipping Units	Kind of Packaging, Description of Articles, Special Marks and Exceptions	Weight (Subject to Connection)	RATE	CHARGES
1	Roll off box scrap metal Net hazardous by DOT			

REMIT C.O.D. TO: ADDRESS _____
 C.O.D. FEE: PREPAID COLLECT \$ _____
 TOTAL CHARGES: \$ _____

Freight prepaid Collect
 Check Appropriate Box:
 FREIGHT CHARGES

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of this Bill of Lading, the property described above is in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry in its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of the shipment.
 Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER Nicox Gas CARRIER Ozinga
 PER Claudia Machado IPER J. Charles Sullivan DATE 11-17-00
 TIPS FORM No. 38411 Made in U.S.A.



An Allied Waste Company

Newton County Landfill

2266 E. 500 S., Brook, IN 47922
Tel: (219) 394-2808

*22560321
14349*

001274
HUFF AND HUFF, INC.

512 W. BURLINGTON SUITE 100
LAGRANGE IN 460525

SITE 18	TICKET 279533	GRID
WEIGHMASTER RAJURI, HANNA		
DATE IN 11/17/00	TIME IN 12:01	
DATE OUT 11/17/00	TIME OUT 12:03	
VEHICLE 07811		
ROLL OFF		
ORIGIN LAKE COUNTY		

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
Inbound - Charge ticket						
		Scale 1 Gross Weight: 55020 I.R.				
		Stored Tare Weight: 40540 I.R.				
		Net Weight: 14480 I.R.				
7.24	TON	CONSTRUCTION & DEMO. <i>14349 INC # 22560321</i>				

Manifest # 718010187 NTCOR GAS-GIRNWOOD

NET AMOUNT
TENDERED
CHANGE
CHECK NO.

[Signature]
SIGNATURE

OZINGA

TRANSPORTATION SYSTEMS, INC.

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

E 628532

Date 0

Delivery Date 21

PCO 143162

Ship To: _____

Shipper: _____ P.O. No. 143162

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD			Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.

HOURLY			LOAD TIMES				
PORTAL TO PORTAL			1	2	3	4	5
	TIME	LOCATION	Arrive				
Start			45				
Finish			1130				
Total							

MANIFEST NUMBER: _____

REQUESTED TIME: _____ REASON FOR DELAY: _____

LOADER SIGNATURE: *J.B. M.*

OTSI LINER? Y / N _____

HOW MANY? _____

TRUCK # _____ OTSI TRAILER _____

ROLL OFF BOX NUMBERS			UNLOAD TIMES				
	TIME	LOCATION	1	2	3	4	5
DROPPED AT CUSTOMER							
PICKED UP AT CUSTOMER							
Arrive							
Begin Unload							
End Unload							
Depart							
Total							

REQUESTED TIME: _____ REASON FOR DELAY: _____

RECEIVER SIGNATURE: _____

DRIVER SIGNATURE: _____ TRUCK # _____ OTSI TRAILER _____

COMMENTS: _____

2ND OFFICE COPY



An Allied Waste Company

Newton County Landfill

2266 E. 500 S., Brook, IN 47922
Tel: (219) 394-2808

001274
HUFF AND HUFF, INC.

512 W. BURLINGTON SUITE 100
LAGRANGE IN 47052

SITE 18	TICKET 279962	GRID
WEIGHMASTER RAQUIR, HANNA		
DATE IN	11/21/00	TIME IN 07:21
DATE OUT	11/21/00	TIME OUT 07:22
VEHICLE 07811		
REFERENCE		ORIGIN LAKR COUNTY
ROLL OFF		

Inbound - Charge ticket.

Scale 1 Gross Weight 51160 L.R.
Stored Tare Weight 40540 L.R.
Net Weight 10620 L.R.

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
	5.31 TON	CONSTRUCTION & DEMO.				
<i>I 25327</i>						

Manifest # 718010187 NICOR GAS

NET AMOUNT
TENDERED
CHANGE
CHECK NO.

[Handwritten Signature]

SIGNATURE



E 628541

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

Date 11-21-00
Delivery Date _____

Ship To: MILITARY PO LAUREN
BROOK IN

Shipper: _____ P.O. No. 14803

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		<u>SCRAP METAL</u>	Price	
EMPTY		<u>W/OUT</u>	Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.
<u>0440 HTS</u> <u>INDUSTRIAL</u>	<u>0440 HTS, IL</u>	

HOURLY			LOAD TIMES				
PORTAL TO PORTAL			1	2	3	4	5
	TIME	LOCATION	Arrive				
Start			<u>1:15</u>				
Finish			<u>2:15</u>				
Total							

MANIFEST NUMBER: _____

REQUESTED TIME: _____ REASON FOR DELAY: _____

LOADER SIGNATURE: [Signature]

OTSI LINER? Y / N _____

HOW MANY? _____

ROLL OFF BOX NUMBERS _____

DROPPED AT CUSTOMER _____

PICKED UP 30-101 AT CUSTOMER _____

COMMENTS _____

UNLOAD TIMES			1	2	3	4	5
	TIME	LOCATION	Arrive				
Start			<u>7:30</u>				
Finish			<u>8:30</u>				
Total							

REQUESTED TIME: _____ REASON FOR DELAY: _____

RECEIVER SIGNATURE: _____

DRIVER SIGNATURE: _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY

OZINGA

TRANSPORTATION SYSTEMS, INC.

E 628540

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

Date _____

Delivery Date 11-30-00

Ship To: 1470 HTS IACA / MATSON
1470 HTS

Shipper: _____ P.O. No. _____

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD			Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.
<u>1470 HTS</u>	<u>1470 HTS</u>	

PORTAL TO PORTAL			LOAD TIMES				
	TIME	LOCATION	1	2	3	4	5
Start	<u>6:15</u>	<u>HTS</u>					
Finish							
Total							

MANIFEST NUMBER: _____

OTSI LINER? Y / N _____
HOW MANY? _____

ROLL OFF BOX NUMBERS
DROPPED AT CUSTOMER _____
PICKED UP AT CUSTOMER _____

COMMENTS _____

REQUESTED TIME _____ REASON FOR DELAY _____

LOADER SIGNATURE _____

DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

UNLOAD TIMES			1	2	3	4	5
Arrive							
Begin Unload							
End Unload							
Depart							
Total							

REQUESTED TIME _____ REASON FOR DELAY _____

RECEIVER SIGNATURE _____

DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY

20-101

Special Waste Disposal Notification GENERATOR INFORMATION

Company Name: NICOR GAS

Technical Contact:

Mailing Address: 19199 Glenwood Rd.
Glenwood, IL 60475

Generation Location:

Telephone No.:

EPA ID No. (if Applicable)

WASTE INFORMATION

Waste Name	Category A or B	Certification No. (if applicable)	Verification No. (if applicable)	Volume/ Weight	One-time only Disposal ✓
<u>Scrap Metal</u>			<u>718010187</u>		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

I hereby certify that the above information is true and accurate to the best of my knowledge.

[Signature]
Signature

(print or type)

11/17/00

Date

Consultant for Nicor Gas
Title

TRANSPORTER INFORMATION

Company Name: OZINGA TRANSPORTATION

Mailing Address: 21900 S. CENTRAL
MATTESON IL.

[Signature]
Driver's Signature

11-30-00

Date

DISPOSAL SITE INFORMATION

Site Name: Newton Co.

OPP No.: 56-5

Volume/Weight: 1.86

Visually Inspected By:

[Signature]
Authorized Signature

12-100

Date

(continued on back)

ALTERNATE STRAIGHT BILL OF LADING—SHORT FORM

Shipper No. 0311055 001

Original—Not Negotiable

Carrier No. _____

Ozinga Transportation
(Name of Carrier)

Date _____

TO: Consignee <u>Newton G. Development</u>		FROM: Shipper <u>Micr Reporting Center</u>	
Street <u>2266 E 300 South Rd</u>		Street <u>19179 Glenwood Rd</u>	
Destination <u>Brook, IN</u> Zip Code <u>47923</u>		Origin <u>Glenwood IN</u> Zip Code <u>47404</u>	
Route: _____		Vehicle No. <u>160425</u>	

No. Shipping Units	Kind of Packaging, Description of Articles Special Marks and Exceptions	Weight (Subject to Correction)	RATE	CHARGES
1	Roll off box scrap metal not hazardous by DOT			

(Handwritten signature/initials)

REMIT C.O.D. TO: ADDRESS	COD Amt: \$	C.O.D. FEE: PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> \$	TOTAL CHARGES: \$
--------------------------	-------------	--	-------------------

Notes—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____.

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other charges.

(Signature of Consignor) _____

FREIGHT CHARGES
Check Appropriate Box:
 Freight prepaid Collect

RECEIVED subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted hereon, and condition of contents of packages unknown, marked, consigned and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery or final destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of the shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER <u>Micr Gas</u>	CARRIER <u>Ozinga</u>
PER <u>Claudia Mackowiak</u>	PER <u>[Signature]</u> DATE <u>11-30-00</u>



Newton County Landfill

2266 E. 500 S., Brook, IN 47922
Tel: (219) 394-2808

An Allied Waste
Company

001274

HUFF AND HUFF, INC.

512 W. BURLINGTON SUITE 100

LAGRANGE, IN 460525

SITE 1R	TICKET 2R2005	GRID
WEIGHMASTER RAQUIR, HANNA		
DATE IN 12/01/00	TIME IN 08:08	
DATE OUT 12/01/00	TIME OUT 08:08	
VEHICLE 02811		
REFERENCE		ORIGIN LAKR COUNTY
ROLL OFF		

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
Inbound - Charge ticket.						
		Scale 1 Gross Weight	44260 I.R			
		Stored Tare Weight	40540 I.R			
		Net Weight	3720 I.R			
1.86	TON	CONSTRUCTION & DEMO.				

Manifest # 718010187 NTCOR GAS

NET AMOUNT
TENDERED
CHANGE
CHECK NO.

SIGNATURE

12/02

OZINGA

TRANSPORTATION SYSTEMS, INC.

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

E 628539

Date _____

Delivery Date 11-20-00

Ship To: NOU TEAL PORTLAND, IL
PRODA IN

Shipper: _____ P.O. No. 1111

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		<u>20000 PORTLAND</u>	Price	
EMPTY		<u>20000 PORTLAND</u>	Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.
<u>1111 N.T.S.</u> <u>IRON MOUNTAIN</u>	<u>1111 N.T.S. IL</u>	

HOURLY			LOAD TIMES				
PORTAL TO PORTAL			1	2	3	4	5
	TIME	LOCATION	Arrive				
Start			<u>7:00</u>				
Finish							
Total			<u>7:00</u>				

MANIFEST NUMBER: _____

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS

DROPPED AT CUSTOMER

PICKED UP AT CUSTOMER

COMMENTS

REQUESTED TIME REASON FOR DELAY

LOADER SIGNATURE

DRIVER SIGNATURE TRUCK # OTSI TRAILER

UNLOAD TIMES

	1	2	3	4	5
Arrive	<u>10:45</u>	<u>10:00</u>			
Begin Unload					
End Unload					
Depart	<u>11:45</u>	<u>1:00</u>			
Total					

REQUESTED TIME REASON FOR DELAY

RECEIVER SIGNATURE

DRIVER SIGNATURE TRUCK # OTSI TRAILER

2ND OFFICE COPY



Smop off

CARBONLESS FORM 38411

11-10-00

BILL OF LADING
TRIPLICATE

ALTERNATE STRAIGHT BILL OF LADING—SHORT FORM

Shipper No. 0311055001

Original—Not Negotiable

Carrier No. _____

Ozinga Transportation
(Name of Carrier)

Date _____

TO: Consignee <u>Newton Co. Development</u>		FROM: Shipper <u>Nicor Reporting Center</u>	
Street <u>2266 E. 500 South Rd</u>		Street <u>19199 Glenwood Rd</u>	
Destination <u>Brook, IN</u> Zip Code <u>47922</u>		Origin <u>Glenwood IL</u> Zip Code <u>60425</u>	
Route:			Vehicle No. _____

No. Shipping Units	Kind of Packaging, Description of Articles Special Marks and Exceptions	Weight (Subject to Correction)	RATE	CHARGES
1	Roll off box scrap metal Not hazardous by DOT			

P25402ET

PAK

REMIT C.O.D. TO: ADDRESS	COD Amt: \$ _____	C.O.D. FEE: PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> \$ _____	TOTAL CHARGES: \$ _____
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<p>Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.</p> <p>The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</p>	<p>Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.</p> <p>The carrier shall not make delivery of this shipment without payment of freight and all other charges.</p> <p>(Signature of Consignor) _____</p>	<p>FREIGHT CHARGES</p> <p>Check Appropriate Box:</p> <p><input type="checkbox"/> Freight prepaid <input type="checkbox"/> Collect</p>
--	--	---

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of the shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER <u>Nicor Gas</u>	CARRIER <u>Ozinga</u>
PER <u>Claudia Machoty</u>	PER <u>JOHN ERIBON</u> DATE <u>11-10-00</u>



An Allied Waste Company

Newton County Landfill

2266 E. 500 S., Brook, IN 47922

Tel: (219) 394-2808

001274

HIRE AND HIRE, INC.

512 W. BURLINGTON SUITE 100

LAGRANGE, IN 460525

SITE	TICKET	GRID
18	281778	
WEIGHMASTER		
RAQUIET, HANNA		
DATE IN	TIME IN	ROLL OFF
11/30/00	10:57	
DATE OUT	TIME OUT	
11/30/00	10:58	
VEHICLE	ORIGIN	
02811	LAKE COUNTY	
REFERENCE		

Inbound - Charge ticket.

Scale 1 Gross Weight: 42320 L.R.
 Stored Tare Weight: 40540 L.R.
 Net Weight: 1780 L.R.

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	TAX	TOTAL
0.89	TON	CONSTRUCTION & DEMO.				
		<i>n2540220ct</i>				

Manifest # 718010187 NICOR GAS

NET AMOUNT
TENDERED
CHANGE
CHECK NO.

[Handwritten Signature]
 SIGNATURE



3020 Old Ranch Pkwy., Ste. 220, Seal Beach, CA 90740-2751
 Corporate Headquarters: 562/430-6262
 Local Branch: Toll Free 800 / Baker 12

RENTAL AGREEMENT
370884
 30

FOR OFFICE USE ONLY
JOB NO.
CUST. NO. 5010505
BRANCH Chicago

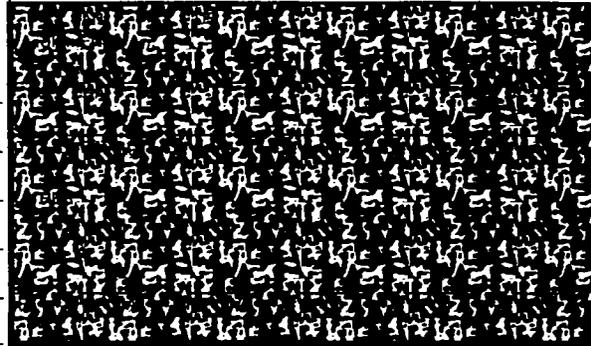
RENTED TO Heritage Ind.
111 142nd St.
Hammond, IN
46327

YOUR ORDER NO. 35711	DATE 11-29-00
JOB NAME Scrap Yard	
ADDRESS	
CITY Chicago Hts	STATE Ill.
ORDERED BY	

MOVE OUR ~~Intermodal~~ Intermodal BBL/GAL MOBILE TANK(S) _____
 RATING CODE _____ CONTENT CODE _____

EQUIPMENT NO. (S)

I25402RT



ACCESSORIES / OTHER

- TO ABOVE LOCATION, START RENT DATE _____
- TRANSFER FROM _____ TO ABOVE LOCATION
- TO BAKER YARD, STOP RENT DATE 11-30-00

1. TANK NEEDS CLEANING Y N IF YES, HOW MUCH FLUID _____ DESCRIPTION _____
2. DAMAGES OR MISSING EQUIPMENT OF TANKS (S) Y N DESCRIBE: _____

QMS LEVEL I COMPLETED (INSPECTION INITIALS) _____

TRACTOR # _____ START _____ STOP _____ NET TIME W/C

I HAVE INSTALLED GUARD RAILS LADDER TIE DOWNS IN A SAFE CONDITION P.V. VALVE (WHEN APPLICABLE).

OPERATOR: L. Bartolomea

Lessee agrees to rent the Baker Portable Tank(s) described in this Rental Agreement under the terms and conditions set forth on the face and on the reverse side hereof, for a term beginning on the date hereof and ending on written or oral notice of termination given by either party to the other.

Lessee will not store or inject any form of acid or acid solution or other corrosive materials (hereinafter collectively referred to as "corrosive materials") in any Baker Tank(s) without first obtaining the prior written consent of Baker Tanks, Inc. ("Baker") which consent may or may not be given by Baker management.

Some tanks are equipped with pressure/vacuum relief devices. Lessee agrees not to tamper with or adjust such a device without prior written consent of Baker management.

Lessee has inspected the tank(s) rented pursuant to this Rental Agreement after their installation by Baker Tanks, Inc., acknowledges that the tank(s) are in good condition and that the installation is accepted by Lessee.

BY X John Krison TITLE Driver FOR OZINGA
 COMPANY NAME

PRINT NAME John Krison DATE 11-30-00

SCHEDULED DELIVERY DATE/TIME W/C ACTUAL DELIVERY DATE/TIME W/C DRIVER INITIALS [Signature] CUSTOMER INITIALS _____

OZINGA

TRANSPORTATION SYSTEMS, INC.

E 582378

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

Date _____
Delivery Date 11-7-00

Ship To: C I B 1 - 204111
CHRYSLER CITY I1

Shipper: _____ P.O. No. 14207

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		<u>DLT</u>	Price	
EMPTY		<u>DLT 12 ZARDONS BY</u>	Tax	
NET		<u>DLT 12 SOIL</u>	Total	

SOURCE	ADDRESS	TICKET NO.
<u>WILSON'S MATERIAL & SUPPLY</u>	<u>21447 WES I1</u>	

HOURLY			LOAD TIMES				
PORTAL TO PORTAL			1	2	3	4	5
TIME	LOCATION		Arrive				
Start			<u>7:30</u>				
Finish							
Total							

MANIFEST NUMBER:
I1-7903645

REQUESTED TIME: _____ REASON FOR DELAY: WAIT FOR PROFILE TO CLEAR RELEASED 9:45

LOADER SIGNATURE: [Signature]

OTSI LINER? Y / N

HOW MANY? _____

ROLL OFF BOX NUMBERS

DROPPED AT CUSTOMER: R257241

PICKED UP AT CUSTOMER: _____

UNLOAD TIMES			1	2	3	4	5
Arrive			<u>7:30</u>	<u>10:30</u>			
Begin Unload							
End Unload			<u>10:15</u>				
Depart			<u>10:45</u>				
Total							

COMMENTS: RETURN BOX TO BAKER

REQUESTED TIME: _____ REASON FOR DELAY: WAIT FOR PROFILE TO CLEAR RELEASED 9:45

RECEIVER SIGNATURE: _____

DRIVER SIGNATURE: _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY



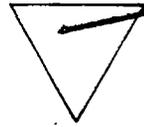
PLEASE TYPE (Form designed for use on 12 pitch typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N/A	Number of Containers 1
3. Generator Name, Address, City, State, Zip TRIPLE 200 N. 1st St. Springfield, IL 62702		Nicor Gas 19199 Glenwood Rd. Glenwood, IL 60425 See #15	
4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBER			
5. Transporter 1 Company Name		6. US EPA ID Number	
7. Transporter 2 Company Name		8. US EPA ID Number	
9. Destination Facility Name and Site Address CEC 120 S. Adams St. Chicago, IL 60606		10. US EPA ID Number	N/A
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Container No.	Type
15. Special Handling Instructions and Additional Information Emergency contacts: James E. Huff 8-5 (708) 579-5900 After 5 (708) 352-0350			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.			
Printed/Typed Name Claudia Macholz		Signature <i>Claudia Macholz</i>	Month, Day, Year 11/29/86
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name John F. Eisner		Signature <i>John F. Eisner</i>	Month, Day, Year 11/29/86
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature	Month, Day, Year
19. Discrepancy Indication Space			
20. Facility Owner or Operator: Certification of receipt of hazardous materials shown on this manifest document as a release of materials Printed/Typed Name		Signature	Month, Day, Year

This Agency is authorized to require, pursuant to Illinois Pollution Control Act, Chapter 150, Sections 1-11, 1-12, 1-13, 1-14, and 1-21, that the information furnished to this Agency shall be made available to the public. Information may be withheld in a civil penalty against the owner, operator, or transporter if it exceeds \$25,000. The classification of this information as a release of materials is subject to the provisions of the Act and the rules of the Board of Environmental Protection. This form has been approved by the Environmental Protection Agency.

RIVER: PLEASE SIGN BELOW)

798605



REFERENCE NO.
80562

LEASE SIGN HERE)

Loc ID County ST Pct
IL IL IL 100%

[Handwritten signature]

GSS: 35.450 Man Wt
ARE: 21.500 Man Wt
NET: 13.950
In: FA 08:19 AM 11/09/2000
Out: FA 08:19 AM 11/09/2000

Landfill

FAX:

CUSTOMER NO. TRUCK NO. INITIALS TIME DATE BATCH NO.

CUSTOMER: 04053 TRUCK

COR GAS/P57863
44 FERRY ROAD

MANIFEST NO.
PERMIT NO.
7902645

DATE CODE	ILE	LOAD DESCRIPTION	IL	QUANTITY	IL	AMOUNT
	2	CONTAMINATED SOIL		15.00		

COPY 2

OZINGA

TRANSPORTATION SYSTEMS, INC.

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

E 582379

Date _____

Delivery Date 11-2-00

Ship To: C I H
Wilmington City IL

Shipper: _____ P.O. No. 14228

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		<u>WASTE</u>	Price	
EMPTY		<u>SOLID WASTE MAT. 5V</u>	Tax	
NET		<u>NET</u>	Total	

SOURCE	ADDRESS	TICKET NO.
<u>NICOR - GAS</u> <u>480 N. 11th St</u> <u>Springfield IL</u>	<u>CHRYSLER CITY IL</u>	

HOURLY			LOAD TIMES				
PORTAL TO PORTAL			1	2	3	4	5
	TIME	LOCATION	Arrive				
Start			<u>11:00</u>				
Finish			<u>11:30</u>				
Total							

REQUESTED TIME: _____ REASON FOR DELAY: _____

LOADER SIGNATURE: _____

OTSI LINER? Y / N _____

HOW MANY? _____

ROLL OFF BOX NUMBERS _____

DROPPED AT CUSTOMER _____

PICKED UP AT CUSTOMER 11:30 AM

UNLOAD TIMES			1	2	3	4	5
Arrive							
Begin Unload							
End Unload							
Depart							
Total							

REQUESTED TIME: _____ REASON FOR DELAY: _____

RECEIVER SIGNATURE: _____

DRIVER SIGNATURE: _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY



PLEASE TYPE

(Form designed for use on 14x11 (12 pic) typewriter)

EPA Form 8700-22 (Rev. 12-81)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

NA

2. Manifest Date

3. Consignor's Name, Address, and City, State, and ZIP Code

Nicor Gas
19199 Glenwood Rd.
Glenwood, IL 60425
See #15

4. YOUR EMERGENCY AND WELL ASSISTANCE NUMBER

5. Name of the Facility

6. US EPA ID No.

7. Name of the Facility

8. US EPA ID No.

9. Designated Facility Name and Site Address

10. US EPA ID No.

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

15. Special Handling Instructions and Additional Information

Emergency contacts: James E. Huff 815-732-1111
815-732-1111

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper classification, and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport, in accordance with applicable international and national governmental regulations.

I, the undersigned, certify that I have selected the best waste management method that is available to me and that I have afforded the waste the same treatment.

Printed/Typed Name

Claudia Machin

Signature

Claudia Machin

17. Transporter's Acknowledgment of Receipt of Materials

Printed/Typed Name

JOHN A. ALISON

Signature

John A. Alison

18. Transporter's Acknowledgment of Receipt of Materials

Printed/Typed Name

Signature

19. Emergency Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials consigned by the manifest generator, Form 8700-22

Printed/Typed Name

Signature

This Agency is authorized to receive applications under Revised Statute, 1989, Chapter 117, Section 10-1.2. The Agency is authorized to receive applications for a permit to transport hazardous waste for a fee of \$2,000 per year. A violation of this regulation may result in a fine of \$10,000 per day. This regulation is subject to change. The form has been approved by the Illinois State Board of Health.

(DRIVER: PLEASE SIGN BELOW)

798687

REFERENCE NO.

80621

(PLEASE SIGN HERE)

Loc ID IL	County IL	ST Fct. IL 100%
--------------	--------------	--------------------

GROSS: 58.000
 TARE: 21.500 Man Wt Oper Time Date

NET: 11.270	In: FA 12:04 PM 11/09/2000	Out: FA 12:04 PM 11/09/2000
Landfill		

FAX:

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
--------------	-----------	----------	------	------	-----------

CUSTOMER:
 0004055 TRUCK

NICOR GAS/FB7865
 1844 FERRY ROAD

MANIFEST NO.

PERMIT NO.
 7902646

HAZARDOUS CODE	LOAD DESCRIPTION	IL	QUANTITY	IL	AMOUNT
33	CONTAMINATED SOIL		15.00		

COPY 2

111-021 • HEADLINE FROM PRECEPT BUSINESS PRODUCTS • (800) 333-9198



3020 Old Ranch Pkwy., Ste. 220, Seal Beach, CA 90740-2751
 Corporate Headquarters: 562/430-6262
 Local Branch: Toll Free 800 / Baker 12

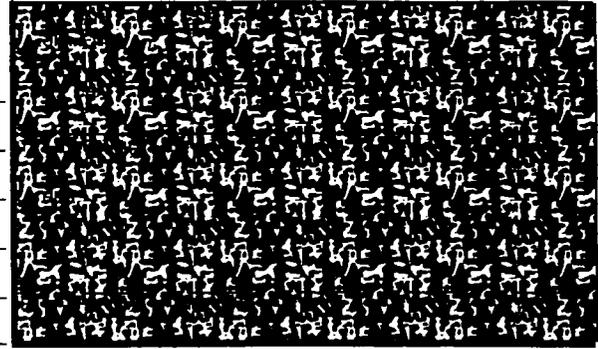
RENTAL AGREEMENT
370706

FOR OFFICE USE ONLY	
JOB NO.	
CUST. NO.	0010505
BRANCH	One 63

RENTED TO Heritage Ind
111-142nd St.
Channahon, IL

YOUR ORDER NO.	_____	DATE	11/9/00
JOB NAME	<u>Heritage</u>		
ADDRESS	<u>Scrap Yard</u>		
CITY	<u>Chicago Ills</u>	STATE	<u>IL</u>
ORDERED BY	_____		

MOVE OUR _____ BBL/GAL MOBILE TANK(S)
 RATING CODE _____ CONTENT CODE _____
 EQUIPMENT NO. (S) R25724RT



ACCESSORIES / OTHER

- TO ABOVE LOCATION, START RENT DATE _____
- TRANSFER FROM _____ TO ABOVE LOCATION
- TO BAKER YARD, STOP RENT DATE 11/9/00

1. TANK NEEDS CLEANING Y / N IF YES, HOW MUCH FLUID _____ DESCRIPTION _____
2. DAMAGES OR MISSING EQUIPMENT OF TANKS (S) Y / N DESCRIBE: _____

QMS LEVEL I COMPLETED (INSPECTION INITIALS) _____

TRACTOR # Ozinga START _____ STOP _____ NET TIME W/C
 I HAVE INSTALLED GUARD RAILS LADDER TIE DOWNS IN A SAFE CONDITION P.V. VALVE (WHEN APPLICABLE).
 OPERATOR: [Signature]

Lessee agrees to rent the Baker Portable Tank(s) described in this Rental Agreement under the terms and conditions set forth on the face and on the reverse side hereof, for a term beginning on the date hereof and ending on written or oral notice of termination given by either party to the other.
Lessee will not store or inject any form of acid or acid solution or other corrosive materials (hereinafter collectively referred to as "corrosive materials") in any Baker Tank(s) without first obtaining the prior written consent of Baker Tanks, Inc. ("Baker") which consent may or may not be given by Baker management.
 Some tanks are equipped with pressure/vacuum relief devices. Lessee agrees not to tamper with or adjust such a device without prior written consent of Baker management.
 Lessee has inspected the tank(s) rented pursuant to this Rental Agreement after their installation by Baker Tanks, Inc., acknowledges that the tank(s) are in good condition and that the installation is accepted by Lessee.

BY [Signature] TITLE DRIVER FOR OZINGA COMPANY NAME
 PRINT NAME JOHN FRISCH DATE 11-8-00
 SCHEDULED DELIVERY DATE/TIME N/A ACTUAL DELIVERY DATE/TIME N/A
 DRIVER INITIALS [Signature] CUSTOMER INITIALS N/A

OZINGA

TRANSPORTATION SYSTEMS, INC.

E 582852

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

Date _____

Delivery Date 11-7-00

Ship To: 1101 - PLUMMER CITY, IL

Shipper: _____ P.O. No. 14246

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		15000 WT.	Price	
EMPTY		15000 WT. HAZ. W/	Tax	
NET		D.O.T.	Total	

SOURCE	ADDRESS	TICKET NO.
<u>1101 - PLUMMER CITY, IL</u>	<u>1101 - PLUMMER CITY, IL</u>	

HOURLY PORTAL TO PORTAL			LOAD TIMES				
	TIME	LOCATION	1	2	3	4	5
Arrive			8:00				
Begin Load							
End Load							
Depart			1:30				
Total							

REQUESTED TIME: _____ REASON FOR DELAY: _____

LOADER SIGNATURE: K

OTSI LINER? Y / N _____

HOW MANY? _____

ROLL OFF BOX NUMBERS _____

DRIVER SIGNATURE: _____ TRUCK # 811 OTSI TRAILER 1305

DROPPED AT CUSTOMER			UNLOAD TIMES				
	TIME	LOCATION	1	2	3	4	5
Arrive							
Begin Unload							
End Unload							
Depart							
Total							

REQUESTED TIME: _____ REASON FOR DELAY: _____

RECEIVER SIGNATURE: _____

DRIVER SIGNATURE: _____ TRUCK # _____ OTSI TRAILER _____

COMMENTS

2ND OFFICE COPY

PLEASE TYPE OR PRINT

UNITED STATES DEPARTMENT OF ENVIRONMENTAL PROTECTION
 OFFICE OF HAZARDOUS WASTE MANAGEMENT
 WASHINGTON, D.C. 20460

Generator's USEPA ID No. **RA**

USEPA ID No. **6**

USEPA ID No. **10**

USEPA ID No. **11**

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

15. Special Handling Instructions and Additional Information
 Emergency Contact: James E. Bell

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this container are fully and accurately described on the shipping label and are classified, packed, marked, and labeled and are in compliance with all applicable Federal, State, and local laws, regulations, and orders, and that I have provided the recipient with a copy of this certificate and a copy of the shipping label. I have also provided the recipient with a copy of the shipping label and a copy of the shipping manifest. I have also provided the recipient with a copy of the shipping manifest and a copy of the shipping label.

Printed/Typed Name: **Chris Nichol** Signature: *Chris Nichol*

17. Transporter's Acknowledgment of Receipt of Materials
 Printed/Typed Name: *John P. Bell* Signature: *John P. Bell*

18. Transporter's Acknowledgment of Receipt of Materials
 Printed/Typed Name: Signature: *John P. Bell*

19. Discrepancy Indication Space

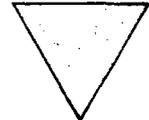
20. Facility Owner or Operator, Certification of receipt of hazardous materials...
 Printed/Typed Name: Signature: *John P. Bell*

Nicor Gas
 19199 Glenwood Rd.
 Glenwood, IL 60425
 See #15

This Agency is authorized to enforce, promulgate, and administer Illinois' Hazardous Waste Management Act, Chapter 113, Sections 1004 and 1005, and Chapter 113, Section 1004 and 1005, and the regulations promulgated thereunder. This form has been approved by the Federal Administrator of the Department of Environmental Protection, U.S. EPA.

(DRIVER: PLEASE SIGN BELOW)

798777



REFERENCE NO.
00751

(PLEASE SIGN HERE)

Loc ID: IL Loc ty: IL ST: IL Per: 100%

[Handwritten Signature]

GROSS: 33.187
TARE: 21.500 Man Wt Oper Time Date

NET: 11.687
In: PA 02:56 PM 11/07/2000
Out: PA 02:56 PM 11/07/2000
Landfill

111-021 • REORDER FROM PRECEPT BUSINESS PRODUCTS • (800) 333-9198

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
--------------	-----------	----------	------	------	-----------

CUSTOMER: 0004068 TRUCK

MICOR GAS/P67668
1644 FERRY ROAD

MANIFEST NO.
PERMIT NO.
7902647

LOAD CODE	ILE	LOAD DESCRIPTION	IL	QUANTITY	IL	AMOUNT
008		CONTAMINATED SOIL		15.000		

ORIGINAL

OZINGA

TRANSPORTATION SYSTEMS, INC.

E 582394

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

Date _____

Delivery Date 11-11-11

Ship To: 1111111111

Shipper: _____ P.O. No. 1427

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD			Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.

HOURLY PORTAL TO PORTAL			LOAD TIMES				
	TIME	LOCATION	1	2	3	4	5
Arrive			11:17				
Begin Load							
End Load							
Depart			12:00				
Total							

MANIFEST NUMBER:
1111111111

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS
DROPPED AT CUSTOMER _____
PICKED UP AT CUSTOMER 25-332

COMMENTS

REQUESTED TIME _____ REASON FOR DELAY _____

LOADER SIGNATURE [Signature]

DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

UNLOAD TIMES			1	2	3	4	5
Arrive			1:15	1:30			
Begin Unload							
End Unload							
Depart			1:15	1:15			
Total							

REQUESTED TIME _____ REASON FOR DELAY _____

RECEIVER SIGNATURE _____

DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY



PLEASE TYPE (Form designed for use on either (12 pitch) typewriter.)

GENERATOR	UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N/A	Manifest Document No.	Page
	3. Generator's Name and Mailing Address Nicor Gas, 19199 Glenwood Rd., Glenwood, IL 60425		Nicor Gas 19199 Glenwood Rd. Glenwood, IL 60425 See #15		
	4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBER		6. US EPA ID Number N/A		
	7. Transporter 1 Company Name		8. US EPA ID Number		
	9. Disposal Facility Name and Site Address 100 S. Main St., Peoria, IL 61602		10. US EPA ID Number N/A		
	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Contents		
	15. Special Handling Instructions and Additional Information Emergency contact: James E. Huff A - 5 (708) 379-3846 After 5 (708) 352-8868				
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.				
	Printed/Typed Name Claudia Macholz		Signature <i>Claudia Macholz</i>		Month - Day - Year 11/19/82
	TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials			
Printed/Typed Name John V. Frised		Signature <i>John V. Frised</i>		Month - Day - Year 11/19/82	
FACILITY	18. Transporter 2 Acknowledgement of Receipt of Materials				
	Printed/Typed Name		Signature		Month - Day - Year
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 15:					
Printed/Typed Name William Smith		Signature <i>William Smith</i>		Month - Day - Year	

The Agency is authorized to require, pursuant to Illinois Revised Statute, 1969, Chapter 111, 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator, not to exceed \$25,000 per day of violation. Falsification of this information may result in a civil penalty against the owner or operator, not to exceed \$25,000 per day of violation. This form has been approved by the Forms Management Center.

(DRIVER: PLEASE SIGN HERE)

1043882

REFERENCE NO.

21020

11/10/2000

(PLEASE SIGN HERE)

Loc ID County

ST Pct

(L) (R)

IL 100%

JL

GROSS: 31.670
TARE: 21.500 Man Wt Oper Time Date

NET: 10.170 In: PA 12:38 PM 11/10/2000
Out: PA 12:38 PM 11/10/2000

Landfill

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
--------------	-----------	----------	------	------	-----------

CUSTOMER:
0004063 TRUCK

NICOR 646/PB7B63
1844 FERRY ROAD

MANIFEST NO.

PERMIT NO.
7902631

BOARD CODE	ILE	LOAD DESCRIPTION	IL	LOAD QUANTITY	IL	AMOUNT
SP		CONTAMINATED SOIL		0.00		

FILE

11/10/2000 11:42 AM RECEIVED FROM PREDEF BUSINESS PRODUCTS * (800) 333-3333

OZINGA

TRANSPORTATION SYSTEMS, INC.

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

E 582395

Date _____

Delivery Date _____

Ship To: _____

Shipper: _____ P.O. No. _____

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD			Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.
_____	_____	_____

HOURLY PORTAL TO PORTAL			LOAD TIMES					
	TIME	LOCATION	1	2	3	4	5	
Arrive			3:30					
Begin Load								
End Load								
Depart			4:15					
Total								

MANIFEST NUMBER:

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS
DROPPED AT CUSTOMER _____
PICKED UP AT CUSTOMER _____

COMMENTS

REQUESTED TIME REASON FOR DELAY

LOADER SIGNATURE _____

DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

UNLOAD TIMES							
	1	2	3	4	5		
Arrive	3:15	4:15					
Begin Unload							
End Unload		4:30					
Depart	4:00						
Total							

REQUESTED TIME REASON FOR DELAY

RECEIVER SIGNATURE _____

DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY



PLEASE TYPE

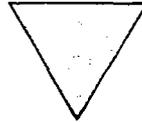
(Form designed for use on 8 1/2 (12 pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. N/A	2. Manifest Document No.
	3. Generator's Name and Mailing Address Nicol Gas 19199 Glenwood Rd. Glenwood, IL 60425 See #15	
	4. Emergency and Spill Assistance Number	
5. Transporter's Company Name Glenwood Waste Services	6. US EPA ID Number	
7. Transporter's Company Name	8. US EPA ID Number	
9. Designated Facility Name and Site Address CERCLA/PII 100 S. Adams Road Glenwood, IL 60425	10. US EPA ID Number N/A	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Container
13. US DOT Hazardous by DOT		
14. US DOT Hazardous by DOT		
15. Special Handling Instructions and Additional Information Emergency contact: James E. Huff 8-5 (708) 579-0940 After 5 (708) 572-0950		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. I am a large quantity generator, and I have selected the best waste management method that is economically practicable and that I have selected the best waste management method that is available to me and that I can afford. I am a small quantity generator, and I have made a good faith effort to determine, and select the best waste management method that is available to me and that I can afford.		
Printed/Typed Name Claudia Macholz	Signature Claudia Macholz	Date 11/1/80
17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name JOHN ERISON	Signature John Erison	Date 11/1/80
18. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Date
19. Discrepancy Indication Space		
20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		
Printed/Typed Name	Signature	Date

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111, 1/2, Section 3004 and 3021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a civil penalty and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

(DRIVER: PLEASE SIGN BELOW)

1043961



REFERENCE NO.
01115

(PLEASE SIGN HERE)

Loc ID County ST Post
IL IL IL 61802
[Signature]

GROSS: 31.750
TARE: 21.500 Net Wt Oper Time Date

NET: 10.250 In: PA 03:10 PM 11/10/2000
Out: PA 03:10 PM 11/10/2000
Landfill

CUSTOMER NO. TRUCK NO. INITIALS TIME DATE BATCH NO.

CUSTOMER:
W004063 TRUCK

NEED 645/887863
1844 FERRY ROAD

MANIFEST NO.
PERMIT NO.
7902648

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
53	CONTAMINATED SOIL 43P	15.00	

FILE

OZINGA

TRANSPORTATION SYSTEMS, INC.

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

E 582392

Date 11-11-11

Delivery Date 11/11/11

Ship To: C I I
City, IL

Shipper: _____ P.O. No. 11111

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		<u>1000</u>	Price	
EMPTY			Tax	
NET	<u>1000</u>		Total	

SOURCE	ADDRESS	TICKET NO.
<u>Hyattsville, MD</u>	<u>Hyattsville, MD</u>	

HOURLY			LOAD TIMES					
PORTAL TO PORTAL			1	2	3	4	5	
	TIME	LOCATION	Arrive					
Start			<u>6:30</u>					
Finish								
Total								

MANIFEST NUMBER:
217-11111

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS
DROPPED AT CUSTOMER _____
PICKED UP AT CUSTOMER 11/11/11

COMMENTS
1000
T. Matteson, IL

REQUESTED TIME _____ REASON FOR DELAY _____
LOADER SIGNATURE _____
DRIVER SIGNATURE _____ TRUCK # 11 OTSI TRAILER 7300

			UNLOAD TIMES					
			1	2	3	4	5	
	TIME	LOCATION	Arrive					
			<u>7:30</u>	<u>7:30</u>				

REQUESTED TIME _____ REASON FOR DELAY _____
RECEIVER SIGNATURE _____
DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY



PLEASE TYPE

(Form designed for use on 8 1/2 (12 pitch) typewriter.)

EPA Form 8700-22 (Rev. 8-80)

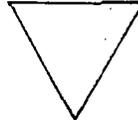
Total Number of Pages

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N/A	5. Manifest Document No.
3. Generator Name and Address Nicor Gas 19199 Glenwood Rd. Glenwood, IL 60425 See #15		6. US EPA ID Number N/A	7. Date
4. 24-Hour Emergency and Spill Assistance Number		8. US EPA ID Number	9. Date
9. Description of Contents		10. US EPA ID Number	11. US DOT Description (including Proper Shipping Name, Hazard Class and ID Number)
10. Designated Facility Name and Site Address 123 S. Main St. Chicago, IL 60601		12. Quantity	13. Quantity
15. Special Handling Instructions and Additional Information Emergency contact: James E. Huff 2-1-1 (708) 512-3000 After 5 (708) 512-9150		16. Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway, rail, water, air, or other mode of transportation. I have received the appropriate training and certification for the handling, packaging, marking, labeling, and shipping of hazardous materials to humans, health and the environment. On 11/15/81, I have made good faith effort to manifest and select the best waste management method that is available to me and that I can afford.	
Printed/Typed Name Claudia Pachatz		Signature <i>Claudia Pachatz</i>	Month/Day/Year 11/15/81
17. Transporter 1 Acknowledgment of Receipt of Materials Printed/Typed Name JOHN ERISON		Signature <i>John Erison</i>	Month/Day/Year 11/15/81
18. Transporter 2 Acknowledgment of Receipt of Materials Printed/Typed Name		Signature	Month/Day/Year
19. Discrepancy Explanation Space			
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name MSH		Signature <i>MSH</i>	Month/Day/Year 11/15/81

This Agency is authorized to enforce, pursuant to Illinois Revised Statute, 1989, Chapter 117-1/2, Section 1004 and 1021, that the information be submitted to the Agency. Failure to provide information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

(RIVER: PLEASE SIGN BELOW)

798793



REFERENCE NO.
8080E

11/10/2000

(LEASE SIGN HERE)

Loc ID County ST Pct
IL IL IL 100%

[Handwritten signature]

ISS: 33.910
GROSS WT: 21.500 Man Wt Oper Time Date

NET: 12.410
In: FA 07:20 AM 11/10/2000
Out: FA 07:20 AM 11/10/2000

Landfill

FAX:

TRUCKER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
-------------	-----------	----------	------	------	-----------

TRUCKER: 14063 TRUCK

FOR GAS/P87863
4 FERRY ROAD

MANIFEST NO.
PERMIT NO.
7902643

UNIFORM CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
	CONTAMINATED SOIL	15.00	

COPY 1

OZINGA

TRANSPORTATION SYSTEMS, INC.

E 582393

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

Date _____

Delivery Date 11-10-11

Ship To: 11

Shipper: _____ P.O. No. 11257

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		<u>1 11257</u>	Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.
<u>11257</u>	<u>11257</u>	

HOURLY			LOAD TIMES				
PORTAL TO PORTAL			1	2	3	4	5
	TIME	LOCATION	Arrive				
Start			<u>7:00</u>				
Finish			<u>7:30</u>				
Total							

MANIFEST NUMBER: _____

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS

DROPPED AT CUSTOMER _____

PICKED UP AT CUSTOMER _____

COMMENTS

REQUESTED TIME REASON FOR DELAY

LOADER SIGNATURE _____

DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

			UNLOAD TIMES				
	1	2	3	4	5		
Arrive		<u>11:00</u>					
Begin Unload							
End Unload							
Depart	<u>11:45</u>	<u>11:50</u>					
Total							

REQUESTED TIME REASON FOR DELAY

RECEIVER SIGNATURE _____

DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY



PLEASE TYPE

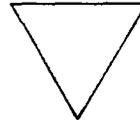
(Form designed for use on 8 1/2 (12 pitch) typewriter.)

GENERATOR FACILITY	UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N/A	Shipment Document No.	
	3. Generator's Name and Mailing Address Nicol Gas 19199 Glenwood Rd. Glenwood, IL 60425 See #15				
	4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBER				
	5. Material Description	6. US EPA ID Number			
	7. Transporter 1 Driver Name	8. US EPA ID Number			
	9. Designated Facility Name and Site Address Ciba Limited 135 S. Taylor Park Highway Ciba Park, IL 60460		10. US EPA ID Number N/A		
	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Other		
	13. Other		14. Other		
	15. Special Handling Instructions and Additional Information Emergency contacts: James E. Huff 815 (708) 578-3104 Attn: 3 (708) 531-3104				
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. I am a generator of hazardous waste and that I have selected the most appropriate and most protective management method for the waste, and I have taken all necessary precautions to prevent spillage, leakage, and future threat to human health and the environment. OR, if I am a small quantity generator, I have taken all necessary precautions to prevent spillage, leakage, and future threat to human health and the environment. I have selected the best waste management method that is available to me and that I can afford.				
Printed/Typed Name Claudia Nacholz		Signature Claudia Nacholz		Month Day Year 11/19/90	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name John E. Rison		Signature John E. Rison		Month Day Year 11/19/90	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest, as filed in Item 19. Printed/Typed Name		Signature		Month Day Year	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 115/12, Section 1004 and 1007, that the information submitted to the Agency... information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation... imprisonment up to 3 years. This form has been approved by the Forms Management Center.

DRIVER: PLEASE SIGN BELOW)

798863



REFERENCE NO.
80910

11/10/2000

LEASE SIGN HERE)

Loc ID County
IL IL

ST Pct
IL 100%

GSS: 32.790

APE: 21.500 Man Wt Over Time Date

In: PA 09:49 AM 11/10/2000

NET: 11.290 Out: PA 09:49 AM 11/10/2000

Landfill

FAX:

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
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CUSTOMER: 74088 TRUCK:

PERMIT NO.
MANIFEST NO.

COR GAS/PB7863
14 FERRY ROAD

PERMIT NO.
7902630

AD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
VERVILLE	CONTAMINATED SOIL	15.00	

COPY 1



E 534120

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

Date _____ 19____
Delivery Date _____ 19____

Ship To: _____

Shipper: _____ P.O. No. _____

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD			Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.

HOURLY PORTAL TO PORTAL			LOAD TIMES				
	TIME	LOCATION	1	2	3	4	5
Arrive							
Begin Load							
End Load							
Depart							
Total							

MANIFEST NUMBER:
E 1770262

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS
DROPPED AT CUSTOMER _____
PICKED UP AT CUSTOMER _____

COMMENTS

REQUESTED TIME REASON FOR DELAY

LOADER SIGNATURE *[Signature]*

DRIVER SIGNATURE TRUCK # OTSI TRAILER

UNLOAD TIMES			1	2	3	4	5
Arrive							
Begin Unload							
End Unload							
Depart				30			
Total							

REQUESTED TIME REASON FOR DELAY

RECEIVER SIGNATURE

DRIVER SIGNATURE TRUCK # OTSI TRAILER

2ND OFFICE COPY

PLEASE PRINT

Form designed for use on 8 1/2 x 11 inch typewriter.

HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **N/A**

2. Manifest Document No. **[Blank]**

3. Page 1 of 1

4. Information in the shaded areas is not required by Federal law, but is required by State law.

5. Generator Name and Site Address:
Nicor Gas
19199 Glenwood Rd.
Glenwood, IL 60425
See #15

6. US EPA ID Number: **[Blank]**

8. US EPA ID Number: **[Blank]**

10. US EPA ID Number: **N/A**

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number): **[Blank]**

12. Containers	13. Total Quantity	14. Unit Wt/Vol
5	5	5
[Blank]	[Blank]	[Blank]

15. Date of Shipment: **4/13/66**

16. Declaration: I hereby declare that the contents of the container are fully and accurately described above by... and that the container is in proper condition for transport by highway.

17. Signature of Generator: **[Signature]** Date: **4/13/66**

18. Signature of Carrier: **[Signature]** Date: **4/13/66**

19. Signature of Facility: **[Signature]** Date: **4/13/66**

GENERATOR

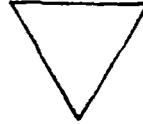
TRANSPORTER

FACILITY

The Agency has determined that this information is exempt from public release under 49 CFR 171.16 and 171.17. The Agency has determined that this information is exempt from public release under 49 CFR 171.16 and 171.17. The Agency has determined that this information is exempt from public release under 49 CFR 171.16 and 171.17.

(DRIVER: PLEASE SIGN BELOW)

1043979



REFERENCE NO.
81120

(PLEASE SIGN HERE)

Lic ID County ST Per
IL IL IL 100K

[Signature]

GRASS: 29.520
TARE: 21.500 Man Wt Oper Time Date

NET: 8.120
In: 08:17 AM 11/13/2000
Out: 08:19 AM 11/13/2000

111-021 - REORDER FROM PRECEPT BUSINESS PRODUCTS • (800) 338-1100

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
--------------	-----------	----------	------	------	-----------

CUSTOMER:
0004063 TRUCK

NICOR GAS/P87863
1844 FERRY ROAD

MANIFEST NO.
PERMIT NO.
7902632

PLATE	LOAD DESCRIPTION	IL	LOAD QUANTITY	IL	AMOUNT
58	CONTAMINATED SOIL		15.00		

CUSTOMER

OZINGA

TRANSPORTATION SYSTEMS, INC.

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

E 534121

Date _____ 19 _____

Delivery Date _____ 19 _____

Ship To: ILL

Shipper: _____ P.O. No. _____

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		<u>3000 - 1500</u>	Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.
<u>ILL</u>	<u>11111</u>	

HOURLY			LOAD TIMES				
PORTAL TO PORTAL			1	2	3	4	5
	TIME	LOCATION	Arrive				
Start			Begin Load				
Finish			End Load				
Total			Depart				
			Total				

MANIFEST NUMBER:
51-200-003

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS

DROPPED AT CUSTOMER _____

PICKED UP AT CUSTOMER _____

COMMENTS

REQUESTED TIME _____ REASON FOR DELAY _____

LOADER SIGNATURE _____

DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

UNLOAD TIMES						
	1	2	3	4	5	
Arrive						
Begin Unload						
End Unload						
Depart						
Total						

REQUESTED TIME _____ REASON FOR DELAY _____

RECEIVER SIGNATURE _____

DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY



PLEASE TYPE

(Form designed for use on 6 1/2" (12 sheet) typewriter.)

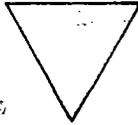
EPA Form 8700-22 (Rev. 7-80)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N/A	Master Document No.
3. Generator's Name and Mailing Address Nicor Gas 19199 Glenwood Rd. Glenwood, IL 60425		4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBER"	5. Generator's Contact Person N/A
6. US EPA ID Number		7. Transporter 2 Company Name	8. US EPA ID Number
9. Designated Facility Name and Site Address CIN (MORTON) 138 E. Highway 100, Peoria, IL 61603		10. US EPA ID Number	
11. US DOT Description (including proper shipping name, hazard class, and ID number)		12. Container Type and Quantity	
15. Special Handling Instructions and Additional Information Emergency contacts James E. Huff 8-5 (708) 270-2400 After 5 (708) 270-2400			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.			
Printed/Typed Name Claudia Macholy		Signature <i>Claudia Macholy</i>	
17. Transporter 1 Acknowledgement of Receipt of Materials		Date 11/11/90	
Printed/Typed Name JOHN ERISON		Signature <i>John Erison</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Date	
Printed/Typed Name		Signature	
19. Discrepancy Indication Space			
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted at item 12.			
Printed/Typed Name Richard D.		Signature <i>Richard D.</i>	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111, 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to comply with this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Violation of this information may result in a fine of \$5,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Federal Maritime Commission.

IVER: PLEASE SIGN BELOW)

1044033



REFERENCE NO.

81274

(PLEASE SIGN HERE)

11/13/2000

Loc ID County ST Pct
IL IL 100%

[Handwritten signature]

GROSS: 35.490
TARE: 21.500 Man Wt Oper Time Date

NET: 13.990
In: FA. 10:41 AM 11/13/2000
Out: FA. 10:41 AM 11/13/2000

Landfill

FAX:

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
--------------	-----------	----------	------	------	-----------

CUSTOMER:
0004063 TRUCK

NIQR GAS/P87863
1844 FERRY ROAD

MANIFEST NO.
PERMIT NO.
7902633

MAPERVILLE	LOAD DESCRIPTION	IL 40562	QUANTITY	IL AMOUNT
652	CONTAMINATED SOIL		15.00	

OFFICE

OZINGA

TRANSPORTATION SYSTEMS, INC.

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

E 582856

Date _____

Delivery Date 11-14-00

100

1129

Ship To: _____

Shipper: _____

P.O. No. 171290

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		<u>2 Pallets</u>	Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.
<u>1140 W. 11th St</u> <u>Chicago, IL</u>	<u>1750 N. 1st St</u>	

HOURLY		LOAD TIMES				
PORTAL TO PORTAL		1	2	3	4	5
TIME	LOCATION	Arrive				
		<u>2:00</u>				
Start		Begin Load				
		End Load				
Finish		Depart	<u>2:15</u>			
Total		Total				

MANIFEST NUMBER:
1171290

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS
DROPPED AT CUSTOMER _____
PICKED UP AT CUSTOMER 1140 W. 11th St

COMMENTS

REQUESTED TIME _____ REASON FOR DELAY _____

LOADER SIGNATURE _____

DRIVER SIGNATURE _____ TRUCK # 119300 OTSI TRAILER _____

UNLOAD TIMES		1	2	3	4	5
TIME	LOCATION	Arrive				
		<u>3:45</u>	<u>4:10</u>			
		Begin Unload				
		End Unload				
		Depart	<u>5:00</u>			
		Total				

REQUESTED TIME _____ REASON FOR DELAY _____

RECEIVER SIGNATURE _____

DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY



PLEASE TYPE

(Print legibly for use on file (12 pitch) typewriter.)

EPA Form 358 (Rev. 11-83)

A UNIFORM HAZARDOUS WASTE MANIFEST B GENERATOR'S CERTIFICATION C TRANSPORTER 1 D TRANSPORTER 2 E FACILITY F RECEIPT	1. Generator's US EPA ID No. MA	2. US EPA ID Number	
	3. Generator Name and Site Address Nicor Gas 19199 Glenwood Rd. Glenwood, IL 60425 See #15	4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBER	5. Transporter 1 Company Name
	6. Transporter 1 US EPA ID Number	7. Transporter 2 Company Name	8. Transporter 2 US EPA ID Number
	9. Designated Facility Name and Site Address City of Chicago 100 S. Wacker Drive Chicago, IL 60606	10. Designated Facility US EPA ID Number MA	11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)
	12. Container Type and Quantity	13. Material Name	14. Material Quantity
	15. Special Handling Instructions and Additional Information Emergency contact: James E. Hoff 312-555-1234		
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this declaration are fully and accurately described above by me or the person for whom I am acting, and that I am a generator of hazardous waste as defined in 40 CFR 302.61. I am not a transporter, a treatment, storage, or disposal facility, or a person who is engaged in the business of transporting hazardous waste. I have made a good faith effort to manage the waste in a manner that protects the best waste management method that is available to me and that I can afford.		
	Printed/Typed Name Christa Nichols	Signature <i>Christa Nichols</i>	Month/Day/Year 11/1/90
	17. Transporter 1 Acknowledgment of Receipt of Materials	Printed/Typed Name JOHN FRISCH	Signature <i>John Frisch</i>
	18. Transporter 2 Acknowledgment of Receipt of Materials	Printed/Typed Name	Signature
	19. Discrepancy Indication Space		
20. Facility Owner or Operator Certification of receipt of manifest materials covered by this manifest during the month of June 1990			
Printed/Typed Name Rhonda	Signature <i>Rhonda</i>	Month/Day/Year 11/1/90	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1969, Chapter 111-1/2, Section 1004 and 1001, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Failure to provide this information may result in a fine not to exceed \$50,000 and imprisonment up to 5 years. This form has been approved by the Federal Management Commission.

(DRIVER: PLEASE SIGN BELOW)

1044383



REFERENCE NO.
81922

(PLEASE SIGN HERE)

11/14/2000

Loc ID County ST Pct
IL IL IL 100%

GROSS: 35.470
TARE: 21.500 Man Wt Oper Time Date
In: PA 02:50 PM 11/14/2000
NET: 13.970 Out: PA 02:50 PM 11/14/2000

Landfill

FAX:

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
--------------	-----------	----------	------	------	-----------

CUSTOMER:
0004063 TRUCK

7902640

NICOR GAS/PB7863
1844 FERRY ROAD

PERMIT NO.
7902640

APPROVAL	LOAD DESCRIPTION	IL 60589	LOAD QUANTITY	IL	AMOUNT
58	CONTAMINATED SOIL		15.00		

OFFICE

OZINGA

TRANSPORTATION SYSTEMS, INC.

E 582854

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

Date _____
Delivery Date 11-14-00

Ship To: CED
CARLETON, IL

Shipper: _____ P.O. No. 14277

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		<u>SLIP WASTE</u>	Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.
<u>E.H.G.O. HTS. ILL SUPPLY CO</u>	<u>E.H.G.O. HTS. ILL</u>	

PORTAL TO PORTAL		LOAD TIMES				
TIME	LOCATION	1	2	3	4	5
Arrive		<u>9:00</u>				
Start						
Begin Load						
End Load						
Finish		<u>9:30</u>				
Depart						
Total						

REQUESTED TIME	REASON FOR DELAY
LOADER SIGNATURE	
<u>[Signature]</u>	

OTSI LINER? Y/N	DRIVER SIGNATURE	TRUCK #	OTSI TRAILER
<u>Y/N</u>	<u>[Signature]</u>	<u>8117500</u>	
HOW MANY?			

ROLL OFF BOX NUMBERS		UNLOAD TIMES				
TIME	LOCATION	1	2	3	4	5
Arrive		<u>10:00</u>	<u>11:00</u>			
DROPPED AT CUSTOMER						
Begin Unload						
End Unload						
PICKED UP AT CUSTOMER		<u>10:00</u>	<u>11:00</u>			
Depart						
Total						

REQUESTED TIME	REASON FOR DELAY
RECEIVER SIGNATURE	
DRIVER SIGNATURE	TRUCK # OTSI TRAILER

2ND OFFICE COPY

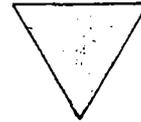
PLEASE TYPE (Form designed for use on 8 1/2 (12 pitch) typewriter.)

GENERAL INFORMATION	UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N/A	Manifest Document No.
	3. Generator's Name and Site Address NICOR GAS 19199 GLENWOOD RD GLENWOOD, IL 60425		Nicol Gas 19199 Glenwood Rd Glenwood, IL 60425 See #15	
	4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBER		6. US EPA ID Number N/A	
	5. Transporter 1 Company Name		8. US EPA ID Number	
	7. Transporter 2 Company Name		10. US EPA ID Number N/A	
	9. Designated Facility Name and Site Address CIB (LAWYER) 118 W. HICKORY ST CHICAGO, IL 60605		12. Container Type	
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		13. Container Quantity	
	14. Special Handling Instructions and Additional Information Emergency contacts: James E. Huff 8-5 (708) 579-5848 After 5 (708) 352-0850		15. Special Handling Instructions and Additional Information	
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If this is a large quantity, generator I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me and have taken all other steps to protect human health and the environment. If I am a small quantity generator, I have made a good faith effort to identify and select the best waste management method that is available to me and that I can afford.		17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name: Claudia Macholy Signature: Claudia Macholy Date: 1/11/82	
	18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name: JOHN FRISON Signature: John Frison Date: 1/11/82		19. Discrepancy Indication Space	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name: [Signature] Signature: [Signature] Date: [Signature]		21. Date of Receipt		

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1985, Chapter 117, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Felicitation of this information may result in a fine of \$10,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

(DRIVER: PLEASE SIGN BELOW)

1044229



REFERENCE NO.

81611

(PLEASE SIGN HERE)

11/14/2000

Loc ID County
IL IL

ST Pct
IL 100%

[Handwritten signature]

GROSS: 35.090

TARE: 21.500 Man Wt Oper Time Date

NET: 13.590 In: RS 09:48 AM 11/14/2000
Out: RS 09:48 AM 11/14/2000

Landfill

FAX:

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
--------------	-----------	----------	------	------	-----------

CUSTOMER:
0004063 TRUCK

NICOR GAS/PB7863
1844 FERRY ROAD

PERMIT NO.
7902634

NAPEVILLE	LOAD DESCRIPTION	IL 60569	QUANTITY	IL	AMOUNT
658	CONTAMINATED SOIL		15.00		

OFFICE

OZINGA

TRANSPORTATION SYSTEMS, INC.

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

E 582855

Date _____

Delivery Date 11-14-02

Ship To: _____

Shipper: _____ P.O. No. 11-8

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		<u>1100 WASTE</u>	Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.
<u>1100 WASTE</u>	<u>1100 WASTE, IL</u>	

HOURLY			LOAD TIMES				
PORTAL TO PORTAL			1	2	3	4	5
	TIME	LOCATION	Arrive				
Start			Begin Load				
Finish			End Load				
Total			Depart				
			Total				

MANIFEST NUMBER: _____

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS
DROPPED AT CUSTOMER _____
PICKED UP AT CUSTOMER _____

COMMENTS _____

REQUESTED TIME _____ REASON FOR DELAY _____
LOADER SIGNATURE _____
DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

UNLOAD TIMES			1	2	3	4	5
Arrive							
Begin Unload							
End Unload							
Depart							
			Total				

REQUESTED TIME _____ REASON FOR DELAY _____
RECEIVER SIGNATURE _____
DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY



PLEASE TYPE on form designed for use on elite (12 pitch) typewriter.

EPA Form #700-22 (Rev. 6-89)

Form Approved OMB No. 2050-0039

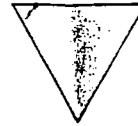
UNITED STATES HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N/A	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by State law.
3. Generator's Name and Address (In Triplicate) [Redacted]		Nicor Gas 19199 Glenwood Rd. Glenwood, IL 60425 See #15			
4. DOT Emergency Response Spill Assistance Number		6. US EPA ID Number N/A			
7. Transporter's Name and Address		8. US EPA ID Number			
9. Destination Name and Site Address		10. US EPA ID Number N/A			
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit (Vol)
	a. [Redacted]			0.015	Y
	b. [Redacted]				
	c. [Redacted]				
	d. [Redacted]				
15. [Redacted]					
16. I, the undersigned, hereby declare that the contents of this assignment are fully and accurately described above by the manifest, including the labels, and that in all respects it is in proper condition for transport by highway.					
Signature: <i>Claudia Frachet</i>		Signature: <i>John [Redacted]</i>		Date: 11/11/90	
TRANSPORTER	17. [Redacted]		Signature: <i>John [Redacted]</i>		Date: 11/11/90
	18. [Redacted]		Signature: [Redacted]		Date: [Redacted]
FACILITY	19. [Redacted]		Signature: [Redacted]		Date: [Redacted]
	20. [Redacted]		Signature: [Redacted]		Date: 11/11/90

This Act... Chapter 111, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information... may result in a fine up to \$50,000 per day of violation and imprisonment.

(DRIVER: PLEASE SIGN BELOW)

1044315

HHHH



REFERENCE NO.
81780

(PLEASE SIGN HERE)

11/14/2000

Loc ID County ST Pct
IL IL IL 100%

[Handwritten Signature]

HHHH

GROSS: 32.450
TARE: 21.500 Man Wt Oer Time Date

NET: 10.950
In: RS 12:24 PM 11/14/2000
Out: RS 12:24 PM 11/14/2000

Landfill

FAX:

111-021 • REORDER FROM PRECEPT BUSINESS PRODUCTS • (800) 333-9198

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
--------------	-----------	----------	------	------	-----------

CUSTOMER:
0004063 TRUCK

NICOR GAS/PB7863
1844 FERRY ROAD

PERMIT NO.
7902635

HHHH

HAZARDOUS MATERIAL ID	LOAD DESCRIPTION	IL 60569 QUANTITY	IL AMOUNT
58	CONTAMINATED SOIL	15.00	

OFFICE

HHHH

OZINGA

TRANSPORTATION SYSTEMS, INC.

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

E 629109

Date 11-15-00

Delivery Date 11-16-00

Ship To: CI

Shipper: _____

P.O. No. 14334

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		<u>5100.00</u>	Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.
<u>1111 1111</u>	<u>1111 1111</u>	

HOURLY			LOAD TIMES				
PORTAL TO PORTAL			1	2	3	4	5
TIME	LOCATION		Arrive				
Start			<u>11:00</u>				
Finish							
Total							

MANIFEST NUMBER:
1111 1111

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS
DROPPED AT CUSTOMER _____
PICKED UP AT CUSTOMER _____

COMMENTS

REQUESTED TIME _____ REASON FOR DELAY _____
LOADER SIGNATURE [Signature]
DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

UNLOAD TIMES			1	2	3	4	5
Arrive	<u>17:00</u>	<u>18:15</u>					
Begin Unload							
End Unload							
Depart	<u>17:45</u>	<u>18:30</u>					
Total							

REQUESTED TIME _____ REASON FOR DELAY _____
RECEIVER SIGNATURE _____
DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY



PLEASE TYPE (Form designed for use on a (1) page typewriter)

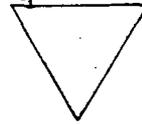
EPA Form 8700-22 (Rev. 5-80)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. W/A	2. Manifest Document No.	3. Page 1 of _____
4. Generator's Name and Mailing Address Nicor Gas 19199 Glenwood Rd Glenwood, IL 60425 See #15		5. Telephone (City/State) Name Chicago, Illinois	6. US EPA ID Number W/A	
7. Transporter 2 Company Name		8. US EPA ID Number		
9. Designated Facility Name and Site Address Oil Spill 1301 S. State Park Highway Chicago, IL 60605		10. US EPA ID Number W/A		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		
a. Oil Spill, Hazardous by DOT		801		
b.				
c.				
d.				
15. Special Handling Instructions and Additional Information Emergency contacts: James E. Neff 8-5 (708) 579-2340 After 5 (708) 551-2350				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated as the best economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to the extent that minimizes waste present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.				
Printed/Typed Name Claudia Macholz		Signature <i>Claudia Macholz</i>	Date 11/1/80	
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed/Typed Name JOHN FRISON		Signature <i>John Frison</i>	Date 11/1/80	
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed/Typed Name		Signature	Date	
19. Discrepancy Indication Space				
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 12				
Printed/Typed Name W. S. Smith		Signature <i>W. S. Smith</i>	Date 11/1/80	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 411-1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

(DRIVER: PLEASE SIGN BELOW)

1024694



REFERENCE NO.
792488
11/16/2000

(PLEASE SIGN HERE)

Loc ID County
IL IL

ST Pct
IL 100

GROSS: 28.610
TARE: 21.500 Man Wt Oper Time Date
In: RS 07:14 AM 11/16/2000
NET: 7.110 Out: RS 07:14 AM 11/16/2000

Candfill
FAX:

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
0004063	TRUCK				PB7863

CUSTOMER:
NICOR GAS/PB7863
1844 FERRY ROAD
NAPERVILLE IL 60563

MANIFEST NO.
7902637
PERMIT NO.
IL

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
658	CONTAMINATED SOIL	15.00	

OFFICE

OZINGA

TRANSPORTATION SYSTEMS, INC.

E 629106

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

Date _____

Delivery Date 11-15-00

Ship To: OID

CALCITY II

Shipper: _____

P.O. No. 11704

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		<u>Spec WASTE</u>	Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.
<u>21900 H.T.S IND</u>	<u>OID H.T.S II</u>	

HOURLY			LOAD TIMES				
PORTAL TO PORTAL			1	2	3	4	5
TIME	LOCATION	Arrive					
Start		Begin Load					
Finish		End Load					
Total		Depart					
		Total					

MANIFEST NUMBER:
21900 H.T.S

REQUESTED TIME: _____ REASON FOR DELAY: _____

LOADER SIGNATURE: [Signature]

OTSI LINER? Y / N
HOW MANY? _____

DRIVER SIGNATURE: [Signature] TRUCK # 811 OTSI TRAILER 9300

ROLL OFF BOX NUMBERS /

DROPPED AT CUSTOMER: _____
PICKED UP AT CUSTOMER: _____

UNLOAD TIMES						
	1	2	3	4	5	
Arrive						
Begin Unload						
End Unload						
Depart						
Total						

REQUESTED TIME: _____ REASON FOR DELAY: _____

RECEIVER SIGNATURE: _____

DRIVER SIGNATURE: _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY



PLEASE TYPE

(Form designed for use on 8 1/2 (12 pitch) typewriter.)

EPA Form 8700-22 (Rev. 8-80)

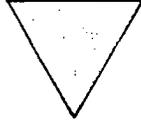
Form Agency Code 111-000-0000

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No.	N/A		2. Pages	1	3. Date	11/14/81
	3. Generator Name and Site Address	Nicol Gas 19199 Glenwood Rd Glenwood, IL 60425 See #15		4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBER			
	5. Generator's Contact Person	6. US EPA ID Number	N/A				
7. Transporter 2 Company Name	8. US EPA ID Number						
9. Designated Facility Name and Site Address	10. US EPA ID Number	N/A					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Weight		
a. 100 Gallons of waste by DOT							
b.							
c.							
d.							
15. Special Handling Instructions and Additional Information							
Emergency contacts: James E. Huff 8-5 (708) 579-5940 After 5 (708) 352-9950							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. I have a large quantity of waste and have a program in place to reduce the volume and toxicity of waste generated to the greatest extent possible, be economically feasible, and that I have selected the practicable method of treatment, storage, or disposal currently available to me which will protect present and future generations and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name		Signature		Month Day Year			
Candice Macholz		<i>Candice Macholz</i>		11/14/81			
17. Transporter 1 Acknowledgment of Receipt of Materials							
Printed/Typed Name		Signature		Month Day Year			
JOHN FRISON		<i>John Frison</i>		11/14/81			
18. Transporter 2 Acknowledgment of Receipt of Materials							
Printed/Typed Name		Signature		Month Day Year			
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name		Signature		Month Day Year			
H. H. Smith		<i>H. H. Smith</i>		11/14/81			

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1969, Chapter 111-1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Federal Management Center.

(DRIVER: PLEASE SIGN BELOW)

1044576



REFERENCE NO.
792183
11-15-2000

(PLEASE SIGN HERE)

Loc ID County ST Pct
IL IL IL 100%

GROSS: 30.550
TARE: 21.500 Man Wt Oper Time Date

NET: 9.050
In: RS 11:41 AM 11/15/2000
Out: RS 11:41 AM 11/15/2000
Landfill
FAX:

CUSTOMER NO. TRUCK NO. INITIALS TIME DATE BATCH NO.

CUSTOMER:
0004063 TRUCK

NICOR GAS/PB7853
1844 FERRY ROAD

MANIFEST NO.
PERMIT NO.
7902644

PLATE NO.	LOAD DESCRIPTION	IL QUANTITY	IL AMOUNT
58	CONTAMINATED SOIL	15.00	

FILE

OZINGA

TRANSPORTATION SYSTEMS, INC.

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

E 62917

Date _____

Delivery Date _____

Ship To: _____

Shipper: _____ P.O. No. _____

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD			Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.

HOURLY PORTAL TO PORTAL		
	TIME	LOCATION
Start		
Finish		
Total		

LOAD TIMES					
	1	2	3	4	5
Arrive					
Begin Load					
End Load					
Depart					
Total					

MANIFEST NUMBER: _____

REQUESTED TIME _____ REASON FOR DELAY _____
 LOADER SIGNATURE _____
 DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

OTSI LINER? Y / N _____
 HOW MANY? _____

ROLL OFF BOX NUMBERS _____
 DROPPED AT CUSTOMER _____
 PICKED UP AT CUSTOMER _____

UNLOAD TIMES					
	1	2	3	4	5
Arrive	2:25	3:30			
Begin Unload					
End Unload					
Depart	3:00	3:45			
Total					

COMMENTS _____

REQUESTED TIME _____ REASON FOR DELAY _____
 RECEIVER SIGNATURE _____
 DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY

PLEASE TYPE

(Form designed for use on 8 1/2 (12 pitch) typewriter.)

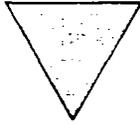
Form Approved

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N/A	Manifest Document No.	Page	Revision
3. Generator's Name and Mailing Address Nicol Gas 19199 Glenwood Rd Glenwood, IL 60425 See #15		4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBER			
5. Generator's US EPA ID No.	6. US EPA ID Number				
7. Transporter 1 Company Name	8. US EPA ID Number				
9. Destination: City Name and Site Address Glenwood, IL 19199 Glenwood Rd Glenwood, IL 60425	10. US EPA ID Number				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Container No.		Type	Quantity
a. Full list hazardous by DOT					
b.					
c.					
d.					
15. Special Handling Instructions and Additional Information Emergency contact: James E. Neff 24 Hrs (708) 579-5946 After 5 (708) 392-9350					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me which minimizes the risks to human health and the environment. If I am a small quantity generator, I have made a good faith effort to minimize the waste sent to off-site treatment, storage or disposal and I have selected the best waste management method that is available to me and that I can afford.					
Printed/Typed Name CLAUDIA MACHOLZ		Signature Claudia Macholz		Month/Day/Year 11/19/91	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature John Frison		Month/Day/Year 11/19/91	
Printed/Typed Name JOHN FRISON		Signature		Month/Day/Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month/Day/Year	
Printed/Typed Name		Signature		Month/Day/Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Month/Day/Year	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1804 and 1021, that this information be submitted to the Agency. Failure to furnish this information may result in a civil penalty against the owner or operator, not to exceed \$25,000 per day of violation. Fabrication of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

(DRIVER: PLEASE SIGN BELOW)

1044655



REFERENCE NO.
792354

(PLEASE SIGN HERE)

11/15/2000

Loc ID County ST Pct
IL IL IL 100%

GROSS: 30.500
TARE: 21.500 Man Wt Oper Time Date

In: PA 02:12 PM 11/15/2000
NET: 9.000 Out: PA 02:12 PM 11/15/2000

Landfill

FAX:

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
--------------	-----------	----------	------	------	-----------

CUSTOMER:
0004063 TRUCK

NICOR GAS/PB7863
1844 FERRY ROAD

PERMIT NO.
7902636

PLATE NO.	LOAD DESCRIPTION	IL QUANTITY	IL AMOUNT
658	CONTAMINATED SOIL	15700	WAIT IN LINE C I O

FILE



E 629105

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

Date _____

Delivery Date _____

Ship To: _____

Shipper: _____ P.O. No. _____

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD			Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.

HOURLY			LOAD TIMES				
PORTAL TO PORTAL			1	2	3	4	5
	TIME	LOCATION	Arrive				
Start			Begin Load				
Finish			End Load				
Total			Depart				
			Total				

MANIFEST NUMBER: _____

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS

DROPPED AT CUSTOMER _____
PICKED UP AT CUSTOMER _____

COMMENTS

REQUESTED TIME REASON FOR DELAY

LOADER SIGNATURE _____

DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

UNLOAD TIMES

	1	2	3	4	5
Arrive					
Begin Unload					
End Unload					
Depart					
Total					

REQUESTED TIME REASON FOR DELAY

RECEIVER SIGNATURE _____

DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY



PLEASE TYPE

(Form designed for use on 8 1/2 (12 pitch) typewriter.)

EPA Form 8700-22 (Rev. 1-79)

File #

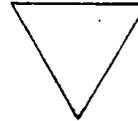
UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N/A	2. Manifest Document No. 1	3. Page No. 1
3. Generator's Name and Mailing Address Nicor Gas 19199 Glenwood Rd Glenwood, IL 60425 See #15				
4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBER				
5. Waste's DOT Hazard Class	6. US EPA ID Number			
7. Transporter 2 Company Name	8. US EPA ID Number			
9. Destination Facility Name and Site Address 123 S. Main St Chicago, IL 60608		10. US EPA ID Number N/A		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		
		No.	Type	Date
15. Special Handling Instructions and Additional Information Emergency contacts: James E. Hoff 8-5 (708) 573-8946 After 5 (708) 333-8950				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the lowest level determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal (TSD) available to me which best protects the public and future threat to human health and the environment. Or, if I am a small quantity generator, I have made a good faith effort to reduce the volume and toxicity of waste generated and to select the best waste management method that is available to me and that I can afford.				
Printed/Typed Name Claudia Nacholz		Signature <i>Claudia Nacholz</i>		Month Day Year 11/15/00
17. Transporter 1 Acknowledgement of Receipt of Materials				
Printed/Typed Name JOHN A. F. R. ISOW		Signature <i>John F. R. Isow</i>		Month Day Year 11/15/00
18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed/Typed Name		Signature		Month Day Year
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19				
Printed/Typed Name ...		Signature <i>...</i>		Month Day Year ...

This Agency is authorized to require, pursuant to Illinois Revised Statutes, 1989, Chapter 117 1/2, Section 7004 and 1021, that the information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 4, TRANSPORTER 1 COPY

(DRIVER: PLEASE SIGN BELOW)

1024475



REFERENCE NO.
82112
11/15/2000

(PLEASE SIGN HERE)

Loc ID	County	ST Pct
IL	IL	IL 100%

[Handwritten Signature]

GROSS: 33.980
 TARE: 21.500 Man Wt Oper Time Date
 In: FA 09:30 AM 11/15/2000
 NET: 12.480 Out: FA 09:30 AM 11/15/2000

Landfill

FAX:

111 021 REORDER FROM PRECEPT BUSINESS PRODUCTS (800) 333-9198

CUSTOMER NO. 0004063	TRUCK NO. TRUCK	INITIALS	TIME	DATE	BATCH NO. PB7863
-------------------------	--------------------	----------	------	------	---------------------

CUSTOMER:
 NICOR GAS/PB7863
 1844 FERRY ROAD

MANIFEST NO. 7902642
PERMIT NO. IL

NAPEVILLE IL 60563

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
658	CONTAMINATED SOIL	15.00	

FILE



E 582857

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

Date _____

Delivery Date 11-14-

Ship To: _____

Shipper: _____ P.O. No. 1113

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD			Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.

HOURLY PORTAL TO PORTAL			LOAD TIMES				
	TIME	LOCATION	1	2	3	4	5
Arrive							
Begin Load							
End Load							
Depart							
Total							

MANIFEST NUMBER: _____

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS
DROPPED AT CUSTOMER _____
PICKED UP AT CUSTOMER _____

COMMENTS _____

REQUESTED TIME _____ REASON FOR DELAY _____
LOADER SIGNATURE _____
DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

UNLOAD TIMES			1	2	3	4	5
Arrive							
Begin Unload							
End Unload							
Depart							
Total							

REQUESTED TIME _____ REASON FOR DELAY _____
RECEIVER SIGNATURE _____
DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY



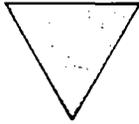
PLEASE TYPE (Form designed for use on site (12 pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N/A	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Address Nicol Gas 19199 Glenwood Rd Glenwood, IL 60425 See #15		6. US EPA ID Number N/A			
4. Transporter's Name and Address Co.		8. US EPA ID Number			
5. Receiver's Name and Address N/A		10. US EPA ID Number N/A			
11. Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unl. WWt	
a. UNIDENTIFIED BY DOT		No.	Type	Quantity	Unl. WWt
b.					
c.					
d.					
15. Additional Information					
16. GENERAL CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the person who signed this manifest and that the materials are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway in accordance with applicable Federal and State regulations.					
Signature		Signature		Month Day Year	
<i>[Signature]</i>		<i>[Signature]</i>		11/15/10	
Signature		Signature		Month Day Year	
<i>[Signature]</i>		<i>[Signature]</i>		11/15/10	
Signature		Signature		Month Day Year	
<i>[Signature]</i>		<i>[Signature]</i>		11/15/10	
Signature		Signature		Month Day Year	
<i>[Signature]</i>		<i>[Signature]</i>		11/15/10	

This form is required to be filed pursuant to Illinois Revised Statutes Chapter 117, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a fine up to \$25,000 per day of violation. Fabrication of this information may result in a fine up to \$50,000 per day of violation and imprisonment for 1 year. This form has been approved by the Federal Government.

(DRIVER: PLEASE SIGN BELOW)

1044425



REFERENCE NO.
81951

11/15/2000

(PLEASE SIGN HERE)

Loc ID	County	ST Pct
IL	IL	IL 100%

[Signature]

GROSS: 31.250
 TARE: 21.500 Man Wt Dger Time Date

In: RS	07:19 AM	11/15/2000
Out: RS	07:19 AM	11/15/2000

9.790
 Landfill
 FAX:

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
--------------	-----------	----------	------	------	-----------

CUSTOMER:
 0004053 TRUCK

NICOR GAS/FB7863
 1844 FERRY ROAD

MANIFEST NO.
 PERMIT NO.
 7902641

PLATE NO.	LOAD DESCRIPTION	IL QUANTITY	IL AMOUNT
658	CONTAMINATED SOIL	15.00	

FILE

OZINGA

TRANSPORTATION SYSTEMS, INC.

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

E 629110

Date _____

Delivery Date 11-16-07

Ship To: 1 I I
PROPERTY

Shipper: _____ P.O. No. 111334

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		<u>1 1/2 1574</u>	Price	
EMPTY			Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.
<u>111334</u>	<u>PROPERTY I I</u>	

PORTAL TO PORTAL			LOAD TIMES				
	TIME	LOCATION	1	2	3	4	5
Arrive			<u>7:15</u>				
Begin Load							
End Load							
Depart			<u>7:45</u>				
Total							

MANIFEST NUMBER:
11-751-34-38

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS
DROPPED AT CUSTOMER _____
Roll off
PICKED UP AT CUSTOMER _____

COMMENTS

REQUESTED TIME REASON FOR DELAY

LOADER SIGNATURE
X. B.M.

DRIVER SIGNATURE _____ TRUCK # 111334 OTSI TRAILER _____

UNLOAD TIMES			1	2	3	4	5
Arrive	<u>7:45</u>	<u>11:15</u>					
Begin Unload							
End Unload							
Depart	<u>11:45</u>	<u>11:30</u>					
Total							

REQUESTED TIME REASON FOR DELAY

RECEIVER SIGNATURE

DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY



PLEASE TYPE

(Form 6200-22-1000 origin only (12 pilot typewriter))

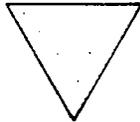
EPA Form 8700-22 (Rev. 8-80)

GENERATOR	UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N/A	Manifest Document No.
	3. Generator's Name and Site Address Nico Gas 19199 Glenwood Rd Glenwood, IL 60425 See #15		6. US EPA ID Number	
	4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBER		7. Transporter 2 Company Name	US EPA ID Number
	5. Transporter 1 Company Name		8. US EPA ID Number	
	9. Designated Facility Name and Site Address C/O Lindt 130 S. State Park East St. Louis, IL 62020		10. US EPA ID Number	N/A
	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Container	
	13. Material Quantity by DOT		14. Container	
	15. Special Handling Instructions and Additional Information Emergency contact: James E. Huff 8-5 (708) 579-5040 After 5 (708) 582-0050			
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated by the process; I have determined that such a program is economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.			
	Printed/Typed Name Claudia Nacholz		Signature <i>Claudia Nacholz</i>	Month Day Year 11/11/00
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Date	
	Printed/Typed Name JOHN ERISON	Signature <i>John Erison</i>	Month Day Year 11/11/00	
FACILITY	18. Transporter 2 Acknowledgement of Receipt of Materials		Date	
	Printed/Typed Name	Signature	Month Day Year	
19. Discrepancy Indication Space				
20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.				Date
Printed/Typed Name John A. ...		Signature <i>John A. ...</i>	Month Day Year 11/16/00	

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111-1/2, Section 4004 and 4021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Fabrication of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

BELOW)

1044793



REFERENCE NO.

792642

(PLEASE SIGN HERE)

11/16/2000

Loc ID County ST Pct
IL IL 100%

[Handwritten signature]

GROSS: 29.060
TARE: 21.500 Man Wt Oper Time Date

NET: 7.560
In: PA 09:59 AM 11/16/2000
Out: PA 09:59 AM 11/16/2000
CID RDF
138TH & CALUMET EXPY
CALUMET CITY

FAX:

CUSTOMER NO.	TRUCK NO.	INITIALS	TIME	DATE	BATCH NO.
--------------	-----------	----------	------	------	-----------

CUSTOMER:
0034063 TRUCK

NICOR GAS/PB7863
1844 FERRY ROAD

PB7863
PERMIT NO.
7902638

MAPERVILLE	LOAD DESCRIPTION	IL 60589	QUANTITY	IL	AMOUNT
658	CONTAMINATED SOIL		15.00		

OFFICE

OZINGA

TRANSPORTATION SYSTEMS, INC.

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

E 582780

Date _____

Delivery Date 11-1-00

Ship To: 11-11 1044111
St. Elmo

Shipper: _____ P.O. No. 11113

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		<u>500 H2O2</u>	Price	
EMPTY		<u>500 H2O2</u>	Tax	
NET			Total	

SOURCE	ADDRESS	TICKET NO.
<u>CH90 H.T.S. IRON</u> <u>11-1-00 SUPPLY</u>	<u>CH90 H.T.S. I!</u>	

HOURLY			LOAD TIMES					
PORTAL TO PORTAL				1	2	3	4	5
	TIME	LOCATION	Arrive					
Start			<u>6:45</u>					
Finish			<u>7:45</u>					
Total								

MANIFEST NUMBER:
11-710224

OTSI LINER? Y/N
HOW MANY? _____

ROLL OFF BOX NUMBERS
DROPPED AT CUSTOMER _____
PICKED UP 11-1-00 AT CUSTOMER _____

COMMENTS

REQUESTED TIME _____ REASON FOR DELAY _____
LOADER SIGNATURE _____

DRIVER SIGNATURE _____ TRUCK # 111 OTSI TRAILER 1000

UNLOAD TIMES					
	1	2	3	4	5
Arrive	<u>7:45</u>	<u>12:00</u>			
Begin Unload					
End Unload					
Depart	<u>10:15</u>	<u>12:00</u>			
Total					

REQUESTED TIME _____ REASON FOR DELAY _____
RECEIVER SIGNATURE _____
DRIVER SIGNATURE _____ TRUCK # _____ OTSI TRAILER _____

2ND OFFICE COPY

OZINGA

TRANSPORTATION SYSTEMS, INC.

21900 South Central Ave.
Matteson, IL 60443
(708) 720-6000

E 582781

PRZ
10/11/11

Date _____

Delivery Date 11-6-00

Ship To: Woodland Landfill

SP Field

Shipper: _____ P.O. No. 14144

	WEIGHT(lb)	PRODUCT DESCRIPTION	C.O.D.	AMOUNT
LOAD		5 yds waste	Price	
EMPTY		Solid NOT HAZARDOUS	Tax	
NET		BY DOT	Total	

SOURCE	ADDRESS	TICKET NO.
CHGO. H.T.S. IRON & SUPPLY CO	CHGO H.T.S. IL	

HOURLY		LOAD TIMES				
PORTAL TO PORTAL		1	2	3	4	5
TIME	LOCATION	Arrive				
Start		Begin Load				
Finish		End Load				
Total		Depart				
		Total				

REQUESTED TIME: _____ REASON FOR DELAY: Job cancelled Per phone call BY HUFFMAN

MANIFEST NUMBER: _____

LOADER SIGNATURE: [Signature]

DRIVER SIGNATURE: [Signature] TRUCK # 811 OTSI TRAILER 9380

OTSI LINER? Y / N
HOW MANY? _____

ROLL OFF BOX NUMBERS		UNLOAD TIMES				
		1	2	3	4	5
AT CUSTOMER		Arrive				
		Begin Unload				
		End Unload				
		Depart				
		Total				

REQUESTED TIME: _____ REASON FOR DELAY: _____

RECEIVER SIGNATURE: _____

DRIVER SIGNATURE: _____ TRUCK # _____ OTSI TRAILER _____

COMMENTS: _____

CUSTOMER COPY



PLEASE TYPE (Form designed for use on elite (12 pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-88)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N/A	Manifest Document No.
2. Generator's Name and Mailing Address Nicor Gas 19199 Glenwood Rd Glenwood, IL 60425 See #15			
4. 24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBER			
6. Transporter 1 Company Name 811		6. US EPA ID Number N/A	
7. Transporter 2 Company Name		8. US EPA ID Number	
9. Designated Facility Name and Site Address Woodfield Center 7 N 300 St 25 3. Elgin, IL 60120		10. US EPA ID Number N/A	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Soft...		12. Containers No.	12. Containers Type
15. Special Handling Instructions and Additional Information Emergency contacts: James E. Huff 8-5 (708) 579-5940 After 5 (708) 352-0950			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.			
Printed/Typed Name Claudia Machatz		Signature <i>Claudia Machatz</i>	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name JOHN FRISON		Signature <i>John Frison</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature	
19. Discrepancy Indication Space			
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest from as noted in item 10 Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>	

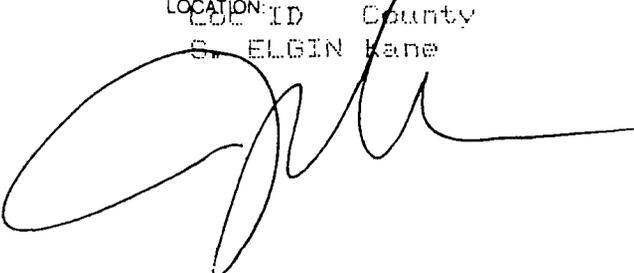
This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 117, Section 1004 and 1005, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day. This information may result in a fine up to \$25,000 per day and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

(DRIVER: PLEASE SIGN BELOW)

1749283

REFERENCE NO.
62765
11/06/2000

(PLEASE SIGN HERE) LOCATION: ID County ST Pct
 ELGIN Kane IL 100%



GROSS: 31.380
 TARE: 20.330
 NET: 11.050

Oper Time Date
 In: SCG 09:51 AM 11/06/2000
 Out: SCG 10:37 AM 11/06/2000

Woodland RDF
 P.O. Box 364
 7N500 Route 25
 South Elgin, IL 60177
 847-741-0219 FAX: 847-741-0349

COMMENTS

CUSTOMER NO. 0024524	TRUCK NO. 811
-------------------------	------------------

CUSTOMER

Nicor Gas
 c/o Claudia Macholz
 PO Box 190
 Aurora

IL 60507

PROFILE NO. PB7863
MANIFEST NO. 7903649
PERMIT NO. 0430650003

LOAD CODE	LOAD DESCRIPTION	LOAD QUANTITY	AMOUNT
658	Contaminated Soil	15.00	

CUSTOMER



3020 Old Ranch Pkwy., Ste. 220, Seal Beach, CA 90740-2751
 Corporate Headquarters: 562/430-6262
 Local Branch: Toll Free 800 / Baker 12

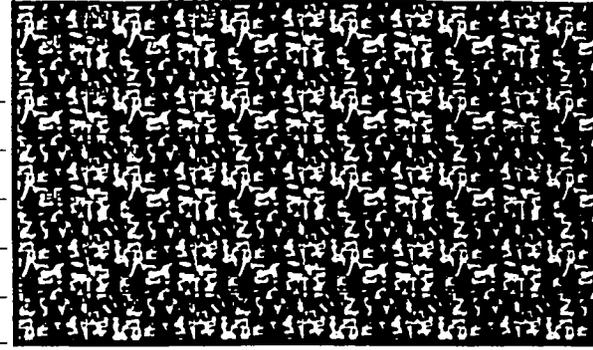
RENTAL AGREEMENT
370670

FOR OFFICE USE ONLY	
JOB NO.	
CUST. NO. 5010502	
BRANCH Chi-63	

RENTED TO Heritage Ind Maint
111-142nd Street
Hammond, IN 46327

YOUR ORDER NO.	DATE 11 15 00
JOB NAME Scrap Yard	
ADDRESS	
CITY Chg Hts, IN	STATE
ORDERED BY	

MOVE OUR _____ BBL/GAL MOBILE TANKS(S) _____
 RATING CODE _____ CONTENT CODE _____
 EQUIPMENT NO. (S) _____



R2864RT

ACCESSORIES / OTHER

- TO ABOVE LOCATION, START RENT DATE _____
- TRANSFER FROM _____ TO ABOVE LOCATION
- TO BAKER YARD, STOP RENT DATE 11-5-00

1. TANK NEEDS CLEANING Y N IF YES, HOW MUCH FLUID _____ DESCRIPTION _____
2. DAMAGES OR MISSING EQUIPMENT OF TANKS (S) Y N DESCRIBE: _____

QMS LEVEL I COMPLETED (INSPECTION INITIALS) _____

TRACTOR # _____ START _____ STOP _____ NET TIME W/C

I HAVE INSTALLED GUARD RAILS LADDER TIE DOWNS IN A SAFE CONDITION P.V. VALVE (WHEN APPLICABLE).
 OPERATOR: Wald

Lessee agrees to rent the Baker Portable Tank(s) described in this Rental Agreement under the terms and conditions set forth on the face and on the reverse side hereof, for a term beginning on the date hereof and ending on written or oral notice of termination given by either party to the other.
Lessee will not store or inject any form of acid or acid solution or other corrosive materials (hereinafter collectively referred to as "corrosive materials") in any Baker Tank(s) without first obtaining the prior written consent of Baker Tanks, Inc. ("Baker") which consent may or may not be given by Baker management.
 Some tanks are equipped with pressure/vacuum relief devices. Lessee agrees not to tamper with or adjust such a device without prior written consent of Baker management.
 Lessee has inspected the tank(s) rented pursuant to this Rental Agreement after their installation by Baker Tanks, Inc., acknowledges that the tank(s) are in good condition and that the installation is accepted by Lessee.

BY John Frisani TITLE Driver FOR OZINGA COMPANY NAME
JOHN FRISANI 11-5-00
 PRINT NAME DATE

SCHEDULED DELIVERY DATE/TIME _____ ACTUAL DELIVERY DATE/TIME _____ DRIVER INITIALS _____ CUSTOMER INITIALS _____

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.: **ILD045200387** Manifest Document No.: **74054**

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Facility Name and Address: **NI CORP**
1844 FRY RD
NAPERVILLE, IL 60540

Location If Different: **NI CORP**
1715 WENTWORTH AVE
CHICAGO, IL 60625

4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS": **630 756-0450 Chicago Heights, IL**

5. Transporter 1 Company Name: **HERITAGE TRANSPORT LLC** 6. US EPA ID Number: **IND058484114**

7. Transporter 2 Company Name: 8. US EPA ID Number:

9. Designated Facility Name and Site Address: **HERITAGE ENVIRONMENTAL SERVICES LLC**
15330 CANAL BANK ROAD
LEMONT, IL 60439 10. US EPA ID Number: **ILD085349264**

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No. Type

13. Total Quantity

14. Unit WWVol

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No. Type	13. Total Quantity	14. Unit WWVol
a. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, PGIII, (HIGH MERCURY DEBRIS) (D009) ERG# 171	0.03 CF	0.03 Y	
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077 PGIII, (HIGH MERCURY DEBRIS) (D009) ERG# 171	TOTAL	7267 #	
c. WASTE MERCURY CONTAINED IN MANUFACTURED ARTICLES, 8, UN2809, PG III RQ Haz waste Solid	0.07 DM	0.07 P	
d. WASTE MERCURY CONTAINED IN MANUFACTURED ARTICLES, 8, UN2809, PG III RQ Haz waste Solid	0.06 CF	0.06 Y	

15. Special Handling Instructions and Additional Information
 JOB # 909059
 24 HOUR EMERGENCY PHONE # 800-48-SPILL

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: **Megan Reschly** AS Agent for Nkor Signature: *Megan Reschly* Date: **09/26/00**

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name: **LAMT SOFF** Signature: *[Signature]* Date: **09/26/00**

18. Transporter 2 Acknowledgement of Receipt of Materials
 Printed/Typed Name: Signature: Date:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
 Printed/Typed Name: **Trish Clayton** Signature: *Trish Clayton* Date: **10/15/00**

This Agency is authorized to seek, pursuant to Illinois Revised Statutes, 1999, Chapter 111 1/2, Section 104 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

P.O. BOX 19276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

DEPARTMENT OF HEALTH AND SPECIAL WASTE

State Form LPC 62 8/81 IL532-0610

PLEASE TYPE

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's EPA ID Number <i>IL0311035000367</i>		Manifest Document No. <i>110114504150</i>		2. Page 1 of 1		Information in the shaded areas is required by Federal law, but is required by Illinois law.				
3. Generator's Name and Mailing Address <i>MILITE 1844 PENNY ROAD MORNINGVILLE, IL 60540</i>		Location If Different <i>1275 WENTWORTH L'ARRE KTS 630 983-8676</i>		A. Illinois Manifest Document Number IL 9292548		FEE PAID IF APPLICABLE		B. Generator's ID Number <i>0311035000367</i>				
4. "24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS"		6. US EPA ID Number <i>(N03033434114)</i>		C. Transporter's ID Number <i>11W319960</i>		D. Transporter's Phone <i>(317) 381-6343</i>		E. Transporter's ID Number				
5. Transporter 1 Company Name <i>HERITAGE TRANSPORT LLC - BR/VE</i>		8. US EPA ID Number		F. Transporter's Phone ()		G. Facility's IL ID Number <i>0311035000367</i>		H. Facility's Phone () <i>(630) 739-1111</i>				
7. Transporter 2 Company Name		10. US EPA ID Number		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity				
9. Designated Facility Name and Site Address <i>HERITAGE ENVIRONMENTAL SERVICES LLC 15330 CANAL BANK ROAD LEHONT, IL 60439</i>		11. US EPA ID Number <i>110082647264</i>		14. Unit W/Vol		1. Waste No.		EPA HW Number				
GENERATOR	a. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3011, PG11, (LOW MERCURY DEBRIS) (1009) FROM 171				<i>11-3 Dr 011/165 G</i>		<i>00026</i>		EPA HW Number <i>11008</i>			
	b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3011, PG11, (LOW MERCURY DEBRIS) (1009) FROM 171								EPA HW Number <i>11008</i>			
	c. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3011, PG11, (MERCURY-CONTAINING SOLID) (1009) FROM 171								EPA HW Number <i>11008</i>			
	d.								EPA HW Number			
J. Additional Description for Materials Listed Above <i>3x55</i>		A. <i>34422-6</i>		K. Handling Codes for Wastes Listed Above in Item #14								
15. Special Handling Instructions and Additional Information 24 HOUR EMERGENCY PHONE #: 1-800-43-SPILL												
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.												
Printed/Typed Name <i>Paul Duke</i>		Signature <i>Paul Duke</i>		Date <i>11/20/00</i>								
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name <i>Paul Duke</i>		Signature <i>Paul Duke</i>		Date <i>11/20/00</i>					
	18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Date					
	19. Discrepancy Indication Space											
FACILITY	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.		Printed/Typed Name <i>M. L. Swell</i>		Signature <i>M. L. Swell</i>		Date <i>11/20/00</i>					

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 1004 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

TestAmerica

INCORPORATED

Ms. Lisa Paulson
HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525

10/03/2000

Job Number: 00.10471

IEPA Cert. No.: 100221
WDNR Cert. No.: 999447130

Enclosed is the Analytical and Quality Control reports for the following samples submitted to Bartlett Division of TestAmerica for analysis.

Project Description: Nicor Gas; Chicago Hts. Iron & Supply

Sample Number	Sample Description	Date Taken	Date Received
599140	North of Shear	09/19/2000	09/21/2000
599141	North of Shear; Matrix Spike	09/19/2000	09/21/2000
599142	North of Shear; Matrix Spike Dup	09/19/2000	09/21/2000
599143	Field Blank	09/19/2000	09/21/2000
599144	Trip Blank	09/19/2000	09/21/2000

Sample analysis in support of the project referenced above has been completed and results are presented on the following pages. These results apply only to the samples analyzed. Reproduction of this report only in whole is permitted. Please refer to the enclosed "Key to Abbreviations" for definition of terms. Procedures used follow TestAmerica Standard Operating Procedures which reference the methods listed on your report. Should you have questions regarding procedures or results, please do not hesitate to call. TestAmerica has been pleased to provide these analytical services for you.

This Quality Control report is generated on a batch basis. All information contained in this report is for the analytical batch(es) in which your sample(s) were analyzed.

Approved by:



Project Manager

Page 1 of 12



ANALYTICAL REPORT

Ms. Lisa Paulson
HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525

10/03/2000
Sample No. : 599140
Job No.: 00.10471

Sample Description: North of Shear
Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/19/2000 Date Received: 09/21/2000
Time Taken: Time Received: 15:48
IEPA Cert. No. 100221 WDNr Cert. No. 999447130

Table with 10 columns: Parameter, Result, Flag, Units, Date Analyzed, Reporting Limit, Analyst, Batch No. Prep/Run, Analytical Method. Rows include pH, Solids, TCLP Metals, Mercury, and TCLP-Mercury.

IS : Insufficient sample received to yield 100 grams.
MS: Matrix Spike recovery was outside of QA limits. The LCS was in control.
P : RPD is outside laboratory control limits



ANALYTICAL REPORT

Ms. Lisa Paulson
HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525

10/03/2000
Sample No. : 599141
Job No.: 00.10471

Sample Description: North of Shear; Matrix Spike
Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/19/2000
Time Taken:
IEPA Cert. No. 100221

Date Received: 09/21/2000
Time Received: 15:48
WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
Mercury, CVAA	Diluted out		%	09/26/2000	0.040	jtt	876 992	SW 7471A



ANALYTICAL REPORT

Ms. Lisa Paulson
HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525

10/03/2000
Sample No. : 599142
Job No.: 00.10471

Sample Description: North of Shear; Matrix Spike Dup
Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/19/2000
Time Taken:
IEPA Cert. No. 100221

Date Received: 09/21/2000
Time Received: 15:48
WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
Mercury, CVAA	Diluted out		%	09/26/2000	0.040	jtt	876 992	SW 7471A



ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/03/2000
 Sample No. : 599143
 Job No.: 00.10471

Sample Description: Field Blank
 Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/19/2000
 Time Taken:
 IEPA Cert. No. 100221

Date Received: 09/21/2000
 Time Received: 15:48
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
Mercury, CVAA	<0.0002		mg/L	09/25/2000	0.0002	efw2	1605 1449	SW 7470A



ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/03/2000
 Sample No. : 599144
 Job No.: 00.10471

Sample Description: Trip Blank
 Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/19/2000
 Time Taken:
 IEPA Cert. No. 100221

Date Received: 09/21/2000
 Time Received: 15:48
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
Mercury, CVAA	<0.0002		mg/L	09/25/2000	0.0002	efw2	1605 1449	SW 7470A



QUALITY CONTROL REPORT

CONTINUING CALIBRATION VERIFICATION

HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525
 Ms. Lisa Paulson

10/03/2000

Job Number: 00.10471

Analyte	Run	CCV	Conc. Found	Percent Recovery
	Batch Number	True Conc.		
pH, Non-Aqueous	420	7.00	7.08	101.1
pH, Non-Aqueous	420	7.00	7.07	101.0
Mercury, CVAA	1449	0.0025	0.00258	103.2
TCLP-Mercury, CVAA	1452	0.0025	0.00256	102.4

CCV - Continuing Calibration Verification



QUALITY CONTROL REPORT

BLANK ANALYSIS

HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525
 Ms. Lisa Paulson

10/03/2000

Job Number: 00.10471

Analyte	Prep Batch Number	Run Batch Number	Blank Analysis Results	Units	Reporting Limit	Analytical Method
Solids, Total		3756	<0.1	%	0.1	SM 2540
Mercury, CVAA	1605	1448	<0.0002	mg/L	0.0002	SW 7470A
Mercury, CVAA	876	991	<0.040	mg/Kg	0.040	SW 7471A
TCLP-Mercury, CVAA	1608	1452	<0.0002	mg/L	0.0002	SW 7470A



QUALITY CONTROL REPORT

LABORATORY CONTROL STANDARD

HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525
Ms. Lisa Paulson

10/03/2000

Job Number: 00.10471

Analyte	Prep	Run	True Conc.	Conc. Found	LCS
	Batch Number	Batch Number			% Recovery
Mercury, CVAA	1605	1448	0.0025	0.00275	110.0
Mercury, CVAA	876	991	0.00250	0.00264	105.6
TCLP-Mercury, CVAA	1608	1452	0.0025	0.00249	99.6



QUALITY CONTROL REPORT

MATRIX SPIKE/MATRIX SPIKE DUPLICATE

HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525
 Ms. Lisa Paulson

10/03/2000

Job Number: 00.10471

Analyte	Prep Batch Number	Run Batch Number	Matrix Spike Result	Sample Result	Spike Amount	Units	Percent Recovery	MSD			Percent Recovery	MS/MSD RPD
								MSD Result	Spike Amount	Units		
Mercury, CVAA	1605	1449	0.00279	<0.002	0.0025	mg/L	111.6	0.0028	0.0025	mg/L	112.4	0.7
Mercury, CVAA	1605	1449	0.00274	<0.002	0.0025	mg/L	109.6	0.0027	0.0025	mg/L	110.8	1.1
Mercury, CVAA	1605	1449	0.00296	<0.0002	0.0025	mg/L	118.4	0.0029	0.0025	mg/L	116.8	1.4
Mercury, CVAA	876	991	Diluted out					Diluted out				
Mercury, CVAA	876	991	Diluted out					Diluted out				
Mercury, CVAA	876	992	Diluted out					Diluted out				
TCLP-Mercury, CVAA	1608	1452	0.00220	<0.0002	0.0025	mg/L	88.0	0.0023	0.0025	mg/L	95.6	8.3
TCLP-Mercury, CVAA	1608	1452	0.00249	<0.0002	0.0025	mg/L	99.6	0.0024	0.0025	mg/L	98.0	1.6
TCLP-Mercury, CVAA	1608	1452	0.00247	<0.0002	0.0025	mg/L	98.8	0.0025	0.0025	mg/L	101.6	2.8
TCLP-Mercury, CVAA	1608	1452	0.00265	<0.0002	0.0025	mg/L	106.0	0.0025	0.0025	mg/L	102.8	3.1

NOTE: Matrix Spike Samples may not be samples from this job.

For Inorganic Parameters and GC Volatiles, the spike recovery should be 75 - 125% if the spike added value was greater than or equal to one fourth of the sample result value. If not, the control limits are not established. The RPD for the MS/MSD pair should be less than 20.

MS = Matrix Spike

MSD = Matrix Spike Duplicate

RPD = Relative Percent Difference

RPD calculations are performed on the Percent Recovery calculated from the observed Matrix spike and Matrix Spike Duplicate results.



QUALITY CONTROL REPORT

DUPLICATES

HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525
 Ms. Lisa Paulson

10/03/2000

Job Number: 00.10471

Analyte	Prep	Run	Original	Duplicate	Units	RPD
	Batch	Batch				
	Number	Number				
pH, Non-Aqueous		420	7.45	7.42	units	0.4
Solids, Total		3756	90.8	90.4	%	0.4
Solids, Total		3756	84.8	84.8	%	0.0
Solids, Total		3756	84.1	83.8	%	0.4
Solids, Total		3756	75.0	75.0	%	0.0

NOTE: Spikes and Duplicates may not be samples from this job.

RPD - Relative Percent Difference



Ms. Lisa Paulson
HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525

10/03/2000

Job Number: 00.10471

IEPA Cert. No.: 100221
WDNR Cert. No.: 999447130

Project Description: Nicor Gas; Chicago Hts. Iron & Supply

CASE NARRATIVE

Due to high native concentrations of Mercury the matrix spike and matrix spike duplicate amounts were diluted out.

For sample #599140, TCLP Mercury, there was insufficient sample volume to extract 100 grams of sample as called for in method 1311.

TestAmerica

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KEY TO ABBREVIATIONS and METHOD REFERENCES

- < : Less than; When appearing in the results column indicates the analyte was not detected at or above the reported value.
- mg/L : Concentration in units of milligrams of analyte per liter of sample. Measurement used for aqueous samples. Can also be expressed as parts per million (ppm).
- ug/g : Concentration in units of micrograms of analyte per gram of sample. Measurement used for non-aqueous samples. Can also be expressed as parts per million (ppm) or mg/Kg.
- ug/L : Concentration in units of micrograms of analyte per liter of sample. Measurement used for aqueous samples. Can also be expressed as parts per billion (ppb).
- ug/Kg : Concentration in units of micrograms of analyte per kilogram of sample. Measurement used for non-aqueous samples. Can also be expressed as parts per billion (ppb).
- TCLP : These initials appearing in front of an analyte name indicate that the Toxicity Characteristic Leaching Procedure (TCLP) was performed for this test.
- Surr: : These initials are the abbreviation for surrogate. Surrogates are compounds that are chemically similar to the compounds of interest. They are part of the method quality control requirements.
- % : Percent; To convert ppm to %, divide the result by 10,000.
To convert % to ppm, multiply the result by 10,000.
- ICP : Indicates analysis was performed using Inductively Coupled Plasma Spectroscopy.
- AA : Indicates analysis was performed using Atomic Absorption Spectroscopy.
- GFAA : Indicates analysis was performed using Graphite Furnace Atomic Absorption Spectroscopy.
- PQL : Practical Quantitation Limit; the lowest level that can be reliably achieved within specified limits of precision and accuracy during routine laboratory operating conditions.

Method References

- (1) Methods 1000 through 9999: see "Test Methods for Evaluating Solid Waste", USEPA SW-846, 3rd Edition, 1986.
- (2) ASTM "American Society for Testing Materials"
- (3) Methods 100 through 499: see "Methods for Chemical Analysis of Water and Wastes", USEPA, 600/4-79-020, Rev. 1983.
- (4) See "Standard Methods for the Examination of Water and Wastewater", 17th Ed, APHA, 1989.
- (5) Methods 600 through 625: see "Guidelines Establishing Test Procedures for the Analysis of Pollutants", USEPA Federal Register Vol. 49 No. 209, October 1984.
- (6) Methods 500 through 599: see "Methods for the Determination of Organic Compounds in Drinking Water," USEPA 600/4-88/039, Rev. 1988.
- (7) See "Methods for the Determination of Metals in Environmental Samples", Supplement I EPA-600/R-94/111, May 1994.
- (8) See "Standard Methods for the Examination of Water and Wastewater", 18th Ed., APHA, 1992.

TestAmerica

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- (9) Methods 1000 through 9999: see "Test Methods for Evaluating Solid Waste", USEPA SW-846, 3rd Edition, 1986, Including Updates I and II.
- (10) This method is from the 2nd Edition of "Test Methods for Evaluating Solid Waste", USEPA SW-846. It has been dropped from the 3rd Edition, 1986.

TestAmerica

INCORPORATED

Bartlett Division
850 West Bartlett Road
Bartlett, IL 60103

Phone: 630-289-3100
Fax: 630-289-5445

To assist us in using the proper analytical methods,
is this work being conducted for regulatory purposes?
Compliance Monitoring

Client Name: Huller-Hall Inc Client #: _____

Address: 615 W. Buckhorn Ln

City/State/Zip Code: Lebanon, IL 62450

Project Manager: L. Paulson

Telephone Number: 777 3775 1111 Fax: _____

Sampler Name: (Print Name) L. Paulson

Sampler Signature: L. Paulson

Project Name: Manufacturing

Project #: 01158

Site/Location ID: 2-Hull State: _____

Report To: L. Paulson

Invoice To: L. Paulson

Quote #: 16395

TAT Standard <input type="checkbox"/> Rush (surcharges may apply)	Date Needed: _____	Fax Results: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	SAMPLE ID	Date Sampled	Time Sampled	G = Grab, C = Composite	Field Filtered	Matrix	Preservation & # of Containers							Analyze For	QC Deliverables	REMARKS		
									SL - Sludge DW - Drinking Water	GW - Groundwater S - Soil/Solid	MW - Wastewater	Other (Specify)	None	Methanol	H ₂ SO ₄				NaOH	HCl

Special Instructions:

Relinquished By: L. Paulson Date: 11-20-01 Time: _____

Relinquished By: M. V. ... Date: 11-20-01 Time: _____

Relinquished By: H. ... Date: 11-20-01 Time: _____

Received By: J. ... Date: 11-21-01 Time: 11:30

Received By: _____ Date: _____ Time: _____

Received By: _____ Date: _____ Time: _____

LABORATORY COMMENTS:

Init Lab Temp: _____ Rec Lab Temp: _____

Custody Seals: Y N N/A

Bottles Supplied by TestAmerica: Y N

Method of Shipment: _____

TestAmerica

INCORPORATED

Ms. Lisa Paulson
HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525

10/04/2000

Job Number: 00.10582

IEPA Cert. No.: 100221

WDNR Cert. No.: 999447130

Enclosed is the Analytical and Quality Control reports for the following samples submitted to Bartlett Division of TestAmerica for analysis.

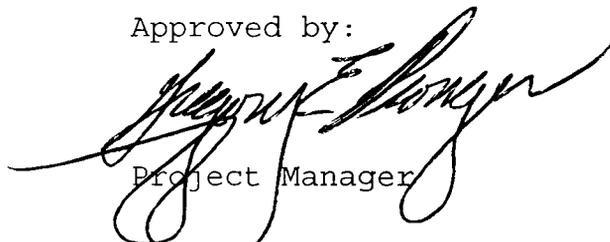
Project Description: 16397; Nicor Gas; Chicago Hts.

Sample Number	Sample Description	Date Taken	Date Received
599579	A6	09/22/2000	09/25/2000
599580	A6; Matrix Spike	09/22/2000	09/25/2000
599581	A6; Matrix Spike Duplicate	09/22/2000	09/25/2000
599582	B6	09/22/2000	09/25/2000
599583	Field Blank	09/22/2000	09/25/2000
599584	Trip Blank	09/22/2000	09/25/2000

Sample analysis in support of the project referenced above has been completed and results are presented on the following pages. These results apply only to the samples analyzed. Reproduction of this report only in whole is permitted. Please refer to the enclosed "Key to Abbreviations" for definition of terms. Procedures used follow TestAmerica Standard Operating Procedures which reference the methods listed on your report. Should you have questions regarding procedures or results, please do not hesitate to call. TestAmerica has been pleased to provide these analytical services for you.

This Quality Control report is generated on a batch basis. All information contained in this report is for the analytical batch(es) in which your sample(s) were analyzed.

Approved by:



Project Manager

Page 1 of 13

ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/04/2000
 Sample No. : 599579
 Job No.: 00.10582

Sample Description: A6
 16397; Nicor Gas; Chicago Hts.

Date Taken: 09/22/2000
 Time Taken: 13:40
 IEPA Cert. No. 100221

Date Received: 09/25/2000
 Time Received: 10:40
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
pH, Non-Aqueous	7.57		units	09/26/2000	0.10	kmt	419	SW 9045B
Solids, Total	85.8		%	09/27/2000	0.1	kmt	3757	SM 2540
TCLP Metals Extraction	Leached			09/26/2000		hrg	1285	SW 1311
Mercury, CVAA	140		mg/kg dw	09/26/2000	0.047	efw2	877 992	SW 7471A
TCLP-Mercury, CVAA	<0.0002		mg/L	09/29/2000	0.0002	efw2	1607 1451	SW 7470A

ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/04/2000
 Sample No. : 599580
 Job No.: 00.10582

Sample Description: A6; Matrix Spike
 16397; Nicor Gas; Chicago Hts.

Date Taken: 09/22/2000
 Time Taken: 13:40
 IEPA Cert. No. 100221

Date Received: 09/25/2000
 Time Received: 10:40
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Rur.	Analytical Method
pH, Non-Aqueous	7.65		units	09/26/2000	0.10	kmt	419	SW 9045B
TCLP Metals Extraction	Leached			09/26/2000		hrq	1285	SW 1311
Mercury, CVAA	77.0		mg/Kg	09/26/2000	0.040	jtt	877 992	SW 7471A
TCLP-Mercury, CVAA	91.6		%	10/03/2000	0.0002	efw2	1607 1453	SW 7470A

ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/04/2000
 Sample No. : 599581
 Job No.: 00.10582

Sample Description: A6; Matrix Spike Duplicate
 16397; Nicor Gas; Chicago Hts.

Date Taken: 09/22/2000
 Time Taken: 13:40
 IEPA Cert. No. 100221

Date Received: 09/25/2000
 Time Received: 10:40
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date	Reporting	Analyst	Batch No.	Analytical
				Analyzed	Limit		Prep/Run	Method
pH, Non-Aqueous	7.63		units	09/26/2000	0.10	kmt	419	SW 9045B
TCLP Metals Extraction	Leached			09/26/2000		hrq	1285	SW 1311
Mercury, CVAA	61.0		mg/Kg	09/26/2000	0.040	efw2	877 992	SW 7471A
TCLP-Mercury, CVAA	<0.0002		mg/L	09/29/2000	0.0002	efw2	1607 1451	SW 7470A



ANALYTICAL REPORT

Ms. Lisa Paulson
HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525

10/04/2000

Sample No. : 599582

Job No.: 00.10582

Sample Description: B6
16397; Nicor Gas; Chicago Hts.

Date Taken: 09/22/2000
Time Taken: 13:40
IEPA Cert. No. 100221

Date Received: 09/25/2000
Time Received: 10:40
WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
pH, Non-Aqueous	7.72		units	09/26/2000	0.10	kmt	419	SW 9045B
Solids, Total	73.8		%	09/27/2000	0.1	kmt	3757	SM 2540
TCLP Metals Extraction	Leached			09/26/2000		hrg	1285	SW 1311
Mercury, CVAA	0.72		mg/kg dw	09/26/2000	0.054	efw2	877 992	SW 7471A
TCLP-Mercury, CVAA	<0.0002		mg/L	09/29/2000	0.0002	efw2	1607 1451	SW 7470A



ANALYTICAL REPORT

Ms. Lisa Paulson
HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525

10/04/2000
Sample No. : 599583
Job No.: 00.10582

Sample Description: Field Blank
16397; Nicor Gas; Chicago Hts.

Date Taken: 09/22/2000
Time Taken: 13:55
IEPA Cert. No. 100221

Date Received: 09/25/2000
Time Received: 10:40
WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
Mercury, CVAA	<0.0002		mg/L	09/27/2000	0.0002	efw2	1606 1450	SW 7470A

ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/04/2000
 Sample No. : 599584
 Job No.: 00.10582

Sample Description: Trip Blank
 16397; Nicor Gas; Chicago Hts.

Date Taken: 09/22/2000
 Time Taken: 13:55
 IEPA Cert. No. 100221

Date Received: 09/25/2000
 Time Received: 10:40
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
Mercury, CVAA	<0.0002		mg/L	09/27/2000	0.0002	efw2	1606 1450	SW 7470A

QUALITY CONTROL REPORT

CONTINUING CALIBRATION VERIFICATION

HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525
Ms. Lisa Paulson

10/04/2000

Job Number: 00.10582

Analyte	Run	CCV	Conc. Found	Percent Recovery
	Batch Number	True Conc.		
pH, Non-Aqueous	419	7.00	7.05	100.7
pH, Non-Aqueous	419	7.00	7.08	101.1
Mercury, CVAA	1450	0.0025	0.00267	106.8
TCLP-Mercury, CVAA	1451	0.0025	0.00257	102.8
TCLP-Mercury, CVAA	1453	0.0025	0.00261	104.4

CCV - Continuing Calibration Verification

QUALITY CONTROL REPORT

BLANK ANALYSIS

HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525
 Ms. Lisa Paulson

10/04/2000

Job Number: 00.10582

Analyte	Prep Batch Number	Run Batch Number	Blank Analysis Results	Units	Reporting Limit	Analytical Method
Solids, Total		3757	<0.1	%	0.1	SM 2540
Mercury, CVAA	1606	1450	<0.0002	mg/L	0.0002	SW 7470A
TCLP-Mercury, CVAA	1607	1451	<0.0002	mg/L	0.0002	SW 7470A



QUALITY CONTROL REPORT

LABORATORY CONTROL STANDARD

HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525
Ms. Lisa Paulson

10/04/2000

Job Number: 00.10582

Analyte	Prep Batch Number	Run Batch Number	True Conc.	Conc. Found	LCS % Recovery
Mercury, CVAA	1606	1450	0.0025	0.00241	96.4
TCLP-Mercury, CVAA	1607	1451	0.0025	0.00244	97.6

QUALITY CONTROL REPORT

MATRIX SPIKE/MATRIX SPIKE DUPLICATE

HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525
 Ms. Lisa Paulson

10/04/2000

Job Number: 00.10582

Analyte	Prep	Run	Matrix					MSD				MS/MSD RPD
	Batch Number	Batch Number	Spike Result	Sample Result	Spike Amount	Units	Percent Recovery	MSD Result	Spike Amount	Units	Percent Recovery	
Mercury, CVAA	1606	1450	0.00231	<0.0002	0.0020	mg/L	115.5	0.0023	0.0020	mg/L	119.5	3.4
Mercury, CVAA	1606	1450	0.00315	<0.0002	0.0025	mg/L	126.0	0.0031	0.0025	mg/L	127.2	0.9
Mercury, CVAA	1606	1450	0.00290	<0.0002	0.0025	mg/L	116.0	0.0029	0.0025	mg/L	117.2	1.0
Mercury, CVAA	877	992	2.49	<0.2	2.50	mg/kg	99.6	2.07	2.08	mg/kg	99.5	18.4
TCLP-Mercury, CVAA	1607	1451	0.00246	<0.0002	0.0025	mg/L	98.4	0.0025	0.0025	mg/L	101.2	2.8
TCLP-Mercury, CVAA	1607	1451	0.00257	<0.0002	0.0025	mg/L	102.8	0.0025	0.0025	mg/L	102.8	0.0
TCLP-Mercury, CVAA	1607	1451	0.00260	<0.0002	0.0025	mg/L	104.0	0.0025	0.0025	mg/L	102.8	1.2

NOTE: Matrix Spike Samples may not be samples from this job.

For Inorganic Parameters and GC Volatiles, the spike recovery should be 75 - 125% if the spike added value was greater than or equal to one fourth of the sample result value. If not, the control limits are not established. The RPD for the MS/MSD pair should be less than 20.

MS = Matrix Spike

MSD = Matrix Spike Duplicate

RPD = Relative Percent Difference

RPD calculations are performed on the Percent Recovery calculated from the observed Matrix spike and Matrix Spike Duplicate results.

QUALITY CONTROL REPORT

DUPLICATES

HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525
 Ms. Lisa Paulson

10/04/2000

Job Number: 00.10582

Analyte	Prep	Run	Original	Duplicate	Units	RPD
	Batch	Batch				
	Number	Number	Analysis	Analysis		
pH, Non-Aqueous		419	7.63	7.71	units	1.0
Solids, Total		3757	21.9	23.4	%	6.6
Solids, Total		3757	77.1	77.8	%	0.9
Solids, Total		3757	83.1	81.8	%	1.6

NOTE: Spikes and Duplicates may not be samples from this job.

RPD - Relative Percent Difference



Ms. Lisa Paulson
HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525

10/04/2000

Job Number: 00.10582

IEPA Cert. No.: 100221

WDNR Cert. No.: 999447130

Project Description: 16397; Nicor Gas; Chicago Hts.

CASE NARRATIVE

No analytical exceptions were noted outside of routine method protocols.

KEY TO ABBREVIATIONS and METHOD REFERENCES

- < : Less than; When appearing in the results column indicates the analyte was not detected at or above the reported value.
- mg/L : Concentration in units of milligrams of analyte per liter of sample. Measurement used for aqueous samples. Can also be expressed as parts per million (ppm).
- ug/g : Concentration in units of micrograms of analyte per gram of sample. Measurement used for non-aqueous samples. Can also be expressed as parts per million (ppm) or mg/Kg.
- ug/L : Concentration in units of micrograms of analyte per liter of sample. Measurement used for aqueous samples. Can also be expressed as parts per billion (ppb).
- ug/Kg : Concentration in units of micrograms of analyte per kilogram of sample. Measurement used for non-aqueous samples. Can also be expressed as parts per billion (ppb).
- TCLP : These initials appearing in front of an analyte name indicate that the Toxicity Characteristic Leaching Procedure (TCLP) was performed for this test.
- Surr: : These initials are the abbreviation for surrogate. Surrogates are compounds that are chemically similar to the compounds of interest. They are part of the method quality control requirements.
- % : Percent; To convert ppm to %, divide the result by 10,000.
To convert % to ppm, multiply the result by 10,000.
- ICP : Indicates analysis was performed using Inductively Coupled Plasma Spectroscopy.
- AA : Indicates analysis was performed using Atomic Absorption Spectroscopy.
- GFAA : Indicates analysis was performed using Graphite Furnace Atomic Absorption Spectroscopy.
- PQL : Practical Quantitation Limit; the lowest level that can be reliably achieved within specified limits of precision and accuracy during routine laboratory operating conditions.

Method References

- (1) Methods 1000 through 9999: see "Test Methods for Evaluating Solid Waste", USEPA SW-846, 3rd Edition, 1986.
- (2) ASTM "American Society for Testing Materials"
- (3) Methods 100 through 499: see "Methods for Chemical Analysis of Water and Wastes", USEPA, 600/4-79-020, Rev. 1983.
- (4) See "Standard Methods for the Examination of Water and Wastewater", 17th Ed, APHA, 1989.
- (5) Methods 600 through 625: see "Guidelines Establishing Test Procedures for the Analysis of Pollutants", USEPA Federal Register Vol. 49 No. 209, October 1984.
- (6) Methods 500 through 599: see "Methods for the Determination of Organic Compounds in Drinking Water," USEPA 600/4-88/039, Rev. 1988.
- (7) See "Methods for the Determination of Metals in Environmental Samples", Supplement I EPA-600/R-94/111, May 1994.
- (8) See "Standard Methods for the Examination of Water and Wastewater", 18th Ed., APHA, 1992.
850 W. Bartlett Rd. / Bartlett, IL 60103-4400 / 630-289-3100 / Fax: 630-289-5445 / 800-378-5700

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INCORPORATED

- (9) Methods 1000 through 9999: see "Test Methods for Evaluating Solid Waste", USEPA SW-846, 3rd Edition, 1986, Including Updates I and II.
- (10) This method is from the 2nd Edition of "Test Methods for Evaluating Solid Waste", USEPA SW-846. It has been dropped from the 3rd Edition, 1986.



Bartlett Division
850 West Bartlett Road
Bartlett, IL 60103

Phone: 630-289-3100
Fax: 630-289-5445

To assist us in using the proper analytical methods,
is this work being conducted for regulatory purposes?
Compliance Monitoring

Client Name: Huff & Huff Inc Client #: _____
Address: 512 W Bucklestone
City/State/Zip Code: LaGrange IL 60525
Project Manager: L Paulson
Telephone Number: 708-579-5946 Fax: _____

Project Name: Nicer Gas
Project #: Chicago Heights Iron r Supply
Site/Location ID: CH EAS State: _____
Report To: L Huff
Invoice To: L Paulson
Quote #: _____ PO#: 11397

Sampler Name: (Print Name) DARREN GREEN
Sampler Signature: [Signature]
J. GONZALES
Jone Shery

TAT	Standard	Date Sampled	Time Sampled	Matrix	Preservation & # of Containers	Other (Specify)	QC Deliverables	REMARKS
	<u>Standard</u>							
	<u>Rush (surcharges may apply)</u>							
	<u>Date Needed:</u>							
	<u>Fax Results:</u>	<u>Y</u>	<u>N</u>					
	<u>SAMPLE ID</u>							
	<u>A6</u>	<u>9-22-00</u>	<u>1:40 G</u>	<u>SL - Sludge DW - Drinking Water</u>	<u>None</u>	<u>None</u>	<u>Level 2</u>	
	<u>B6</u>	<u>9-22-00</u>	<u>1:40 G</u>	<u>GW - Groundwater S - Soil/Solid</u>	<u>H₂SO₄</u>	<u>Total Mercury</u>	<u>Level 2</u>	
	<u>A6 Duplicate</u>	<u>9-22-00</u>	<u>1:40</u>	<u>MW - Wastewater Specify Other</u>	<u>HCl</u>	<u>Total Mercury</u>	<u>Level 2</u>	
	<u>field blank</u>	<u>9-22-00</u>	<u>1:58</u>		<u>HNO₃</u>	<u>Total Mercury</u>	<u>Level 2</u>	
	<u>trip blank</u>	<u>9-22-00</u>	<u>1:58</u>			<u>Total Mercury</u>	<u>Level 2</u>	

Special instructions:

Relinquished By: [Signature] Date: 9/25/00 Time: 9:10
 Relinquished By: [Signature] Date: 9/25/00 Time: 9:10
 Relinquished By: _____ Date: _____ Time: _____

Received By: [Signature] Date: 9/25/00 Time: 9:10
 Received By: [Signature] Date: 9/27/00 Time: 10:10
 Received By: _____ Date: _____ Time: _____

LABORATORY COMMENTS:
 Init Lab Temp: _____
 Rec Lab Temp: _____
 Custody Seals: Y N N/A
 Bottles Supplied by: estAmerica Y N
 Method of Shipment: _____

TestAmerica

INCORPORATED

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/03/2000

Job Number: 00.10730

IEPA Cert. No.: 100221

WDNR Cert. No.: 999447130

Enclosed is the Analytical and Quality Control reports for the following samples submitted to Bartlett Division of TestAmerica for analysis.

Project Description: Nicor Gas; Chicago Hts. Iron & Supply

Sample Number	Sample Description	Date Taken	Date Received
600046	C4	09/26/2000	09/27/2000
600047	D3	09/26/2000	09/27/2000
600048	E6	09/26/2000	09/27/2000
600049	F7	09/26/2000	09/27/2000
600050	G3	09/26/2000	09/27/2000
600051	HO	09/26/2000	09/27/2000
600052	IO	09/26/2000	09/27/2000
600053	J (-1)	09/26/2000	09/27/2000
600054	K (-2)	09/26/2000	09/27/2000
600055	L (-2)	09/26/2000	09/27/2000
600056	IO; Matrix Spike	09/26/2000	09/27/2000
600057	IO; Matrix Spike Duplicate	09/26/2000	09/27/2000
600058	Field Blank	09/26/2000	09/27/2000
600059	Trip Blank	09/26/2000	09/27/2000

Sample analysis in support of the project referenced above has been completed and results are presented on the following pages. These results apply only to the samples analyzed. Reproduction of this report only in whole is permitted. Please refer to the enclosed "Key to Abbreviations" for definition of terms. Procedures used follow TestAmerica Standard Operating Procedures which reference the methods listed on your report. Should you have questions regarding procedures or results, please do not hesitate to call. TestAmerica has been pleased to provide these analytical services for you.

This Quality Control report is generated on a batch basis. All information contained in this report is for the analytical batch(es) in which your sample(s) were analyzed.

Approved by:



Project Manager

Page 1 of 21



ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/03/2000
 Sample No. : 600046
 Job No.: 00.10730

Sample Description: C4
 Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/26/2000
 Time Taken: 16:30
 IEPA Cert. No. 100221

Date Received: 09/27/2000
 Time Received: 16:35
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
pH, Non-Aqueous	7.94		units	09/29/2000	0.10	kmt	422	SW 9045B
Solids, Total	82.0		%	10/02/2000	0.1	kmt	3762	SM 2540
TCLP Metals Extraction	Leached			09/30/2000		hrg	1288	SW 1311
Mercury, CVAA	78.0		mg/kg dw	10/02/2000	0.049	efw2	878 994	SW 7471A
TCLP-Mercury, CVAA	0.00069		mg/L	10/02/2000	0.0002	efw2	1608 1452	SW 7470A



ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/03/2000

Sample No. : 600047

Job No.: 00.10730

Sample Description: D3
 Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/26/2000
 Time Taken: 16:30
 IEPA Cert. No. 100221

Date Received: 09/27/2000
 Time Received: 16:35
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
pH, Non-Aqueous	8.24		units	09/29/2000	0.10	kmt	422	SW 9045B
Solids, Total	83.6		%	10/02/2000	0.1	kmt	3762	SM 2540
TCLP Metals Extraction	Leached			09/30/2000		hrq	1288	SW 1311
Mercury, CVAA	2.9		mg/kg dw	10/02/2000	0.048	efw2	878 994	SW 7471A
TCLP-Mercury, CVAA	<0.0002		mg/L	10/02/2000	0.0002	efw2	1608 1452	SW 7470A



ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/03/2000
 Sample No. : 600048
 Job No.: 00.10730

Sample Description: E6
 Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/26/2000
 Time Taken: 15:45
 IEPA Cert. No. 100221

Date Received: 09/27/2000
 Time Received: 16:35
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
pH, Non-Aqueous	8.92		units	09/29/2000	0.10	kmt	422	SW 9045B
Solids, Total	81.8		%	10/02/2000	0.1	kmt	3762	SM 2540
TCLP Metals Extraction	Leached			09/30/2000		hrq	1288	SW 1311
Mercury, CVAA	48.9		mg/kg dw	10/02/2000	0.049	efw2	878 994	SW 7471A
TCLP-Mercury, CVAA	<0.0002		mg/L	10/02/2000	0.0002	efw2	1608 1452	SW 7470A



ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/03/2000

Sample No. : 600049

Job No.: 00.10730

Sample Description: F7
 Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/26/2000
 Time Taken: 13:45
 IEPA Cert. No. 100221

Date Received: 09/27/2000
 Time Received: 16:35
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
pH, Non-Aqueous	7.90		units	09/29/2000	0.10	kmt	422	SW 9045B
Solids, Total	78.9		%	10/02/2000	0.1	kmt	3762	SM 2540
TCLP Metals Extraction	Leached			09/30/2000		hrq	1288	SW 1311
Mercury, CVAA	7.4		mg/kg dw	10/02/2000	0.051	efw2	878 994	SW 7471A
TCLP-Mercury, CVAA	<0.0002		mg/L	10/02/2000	0.0002	efw2	1608 1452	SW 7470A



ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/03/2000
 Sample No. : 600050
 Job No.: 00.10730

Sample Description: G3
 Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/26/2000
 Time Taken: 13:32
 IEPA Cert. No. 100221

Date Received: 09/27/2000
 Time Received: 16:35
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
pH, Non-Aqueous	7.85		units	09/29/2000	0.10	kmt	422	SW 9045B
Solids, Total	69.1		%	10/02/2000	0.1	kmt	3762	SM 2540
TCLP Metals Extraction	Leached			09/30/2000		hrq	1288	SW 1311
Mercury, CVAA	82.5		mg/kg dw	10/02/2000	0.058	efw2	878 994	SW 7471A
TCLP-Mercury, CVAA	<0.0002		mg/L	10/02/2000	0.0002	efw2	1608 1452	SW 7470A



ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/03/2000

Sample No. : 600051

Job No.: 00.10730

Sample Description: HO
 Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/26/2000
 Time Taken: 10:38
 IEPA Cert. No. 100221

Date Received: 09/27/2000
 Time Received: 16:35
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
pH, Non-Aqueous	7.77		units	09/29/2000	0.10	kmt	422	SW 9045B
Solids, Total	86.5		%	10/02/2000	0.1	kmt	3762	SM 2540
TCLP Metals Extraction	Leached			09/30/2000		hrq	1288	SW 1311
Mercury, CVAA	7.5		mg/kg dw	10/02/2000	0.046	efw2	878 994	SW 7471A
TCLP-Mercury, CVAA	<0.0002		mg/L	10/02/2000	0.0002	efw2	1608 1452	SW 7470A



ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/03/2000

Sample No. : 600052

Job No.: 00.10730

Sample Description: IO
 Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/26/2000
 Time Taken: 10:24
 IEPA Cert. No. 100221

Date Received: 09/27/2000
 Time Received: 16:35
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
pH, Non-Aqueous	8.06		units	09/29/2000	0.10	kmt	422	SW 9045B
Solids, Total	85.7		‡	10/02/2000	0.1	kmt	3762	SM 2540
TCLP Metals Extraction	Leached			09/30/2000		hrg	1288	SW 1311
Mercury, CVAA	31.5	MS	mg/kg dw	10/02/2000	0.047	efw2	878 994	SW 7471A
TCLP-Mercury, CVAA	<0.0002		mg/L	10/02/2000	0.0002	efw2	1608 1452	SW 7470A

MS: Matrix Spike recovery was outside of QA limits. The LCS was in control.



ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
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 LaGrange, IL 60525

10/03/2000
 Sample No. : 600053
 Job No.: 00.10730

Sample Description: J (-1)
 Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/26/2000
 Time Taken: 10:17
 IEPA Cert. No. 100221

Date Received: 09/27/2000
 Time Received: 16:35
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
pH, Non-Aqueous	7.98		units	09/29/2000	0.10	kmt	422	SW 9045B
Solids, Total	86.6		%	10/02/2000	0.1	kmt	3762	SM 2540
TCLP Metals Extraction	Leached			09/30/2000		hrq	1288	SW 1311
Mercury, CVAA	53.1		mg/kg dw	10/02/2000	0.046	efw2	878 994	SW 7471A
TCLP-Mercury, CVAA	0.00051		mg/L	10/02/2000	0.0002	efw2	1608 1452	SW 7470A



ANALYTICAL REPORT

Ms. Lisa Paulson
HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525

10/03/2000
Sample No. : 600054
Job No.: 00.10730

Sample Description: K (-2)
Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/26/2000
Time Taken: 09:57
IEPA Cert. No. 100221

Date Received: 09/27/2000
Time Received: 16:35
WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
pH, Non-Aqueous	7.70		units	09/29/2000	0.10	kmt	422	SW 9045B
Solids, Total	87.5		%	10/02/2000	0.1	kmt	3762	SM 2540
TCLP Metals Extraction	Leached			09/30/2000		hry	1288	SW 1311
Mercury, CVAA	56.0		mg/kg dw	10/02/2000	0.046	efw2	878 994	SW 7471A
TCLP-Mercury, CVAA	0.0011		mg/L	10/02/2000	0.0002	efw2	1608 1452	SW 7470A



ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/03/2000

Sample No. : 600055

Job No.: 00.10730

Sample Description: L (-2)
 Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/26/2000
 Time Taken: 09:45
 IEPA Cert. No. 100221

Date Received: 09/27/2000
 Time Received: 16:35
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
pH, Non-Aqueous	8.29		units	09/29/2000	0.10	kmt	422	SW 9045B
Solids, Total	87.3		%	10/02/2000	0.1	kmt	3762	SM 2540
TCLP Metals Extraction	Leached			09/30/2000		hrq	1288	SW 1311
Mercury, CVAA	20.6		mg/kg dw	10/02/2000	0.046	efw2	878 994	SW 7471A
TCLP-Mercury, CVAA	<0.0002		mg/L	10/02/2000	0.0002	efw2	1608 1452	SW 7470A



ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/03/2000

Sample No. : 600056

Job No.: 00.10730

Sample Description: IO; Matrix Spike
 Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/26/2000
 Time Taken: 10:24
 IEPA Cert. No. 100221

Date Received: 09/27/2000
 Time Received: 16:35
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
TCLP Metals Extraction	Leached			09/30/2000		hrg	1288	SW 1311
Mercury, CVAA	Diluted out	‡		10/02/2000	0.040	efw2	878 994	SW 7471A
TCLP-Mercury, CVAA	106.0	‡		10/02/2000	0.0002	efw2	1608 1452	SW 7470A



ANALYTICAL REPORT

Ms. Lisa Paulson
HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525

10/03/2000
Sample No. : 600057
Job No.: 00.10730

Sample Description: IO; Matrix Spike Duplicate
Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/26/2000
Time Taken: 10:24
IEPA Cert. No. 100221

Date Received: 09/27/2000
Time Received: 16:35
WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
TCLP Metals Extraction	Leached			09/30/2000		hrg	1288	SW 1311
Mercury, CVAA	Diluted out	‡		10/02/2000	0.040	efw2	878 994	SW 7471A
TCLP-Mercury, CVAA	102.3	‡		10/02/2000	0.0002	efw2	1608 1452	SW 7470A



ANALYTICAL REPORT

Ms. Lisa Paulson
HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525

10/03/2000
Sample No. : 600058
Job No.: 00.10730

Sample Description: Field Blank
Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/26/2000
Time Taken:
IEPA Cert. No. 100221

Date Received: 09/27/2000
Time Received: 16:35
WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
Mercury, CVAA	<0.0002		mg/L	10/02/2000	0.0002	efw2	1608 1452	SW 7470A



ANALYTICAL REPORT

Ms. Lisa Paulson
 HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525

10/03/2000

Sample No. : 600059

Job No.: 00.10730

Sample Description: Trip Blank
 Nicor Gas; Chicago Hts. Iron & Supply

Date Taken: 09/26/2000
 Time Taken:
 IEPA Cert. No. 100221

Date Received: 09/27/2000
 Time Received: 16:35
 WDNR Cert. No. 999447130

Parameter	Result	Flag	Units	Date Analyzed	Reporting Limit	Analyst	Batch No. Prep/Run	Analytical Method
Mercury, CVAA	<0.0002		mg/L	10/02/2000	0.0002	efw2	1608 1452	SW 7470A



QUALITY CONTROL REPORT

CONTINUING CALIBRATION VERIFICATION

HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525
Ms. Lisa Paulson

10/03/2000

Job Number: 00.10730

Analyte	Run	CCV		
	Batch	True	Conc.	Percent
	Number	Conc.	Found	Recovery
pH, Non-Aqueous	422	7.00	7.04	100.6
pH, Non-Aqueous	422	7.00	7.07	101.0
Mercury, CVAA	1452	0.0025	0.00256	102.4
Mercury, CVAA	994	0.00250	0.00259	103.6

CCV - Continuing Calibration Verification



QUALITY CONTROL REPORT

BLANK ANALYSIS

HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525
Ms. Lisa Paulson

10/03/2000

Job Number: 00.10730

Analyte	Prep Batch Number	Run Batch Number	Blank Analysis Results	Units	Reporting Limit	Analytical Method
Solids, Total		3762	<0.1	‡	0.1	SM 2540
Mercury, CVAA	1608	1452	<0.0002	mg/L	0.0002	SW 7470A
Mercury, CVAA	878	994	<0.040	mg/Kg	0.040	SW 7471A



QUALITY CONTROL REPORT

LABORATORY CONTROL STANDARD

HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525
 Ms. Lisa Paulson

10/03/2000

Job Number: 00.10730

Analyte	Prep	Run	True Conc.	Conc. Found	LCS % Recovery
	Batch Number	Batch Number			
Mercury, CVAA	1608	1452	0.0025	0.00249	99.6
Mercury, CVAA	878	994	0.00250	0.00260	104.0



QUALITY CONTROL REPORT

MATRIX SPIKE/MATRIX SPIKE DUPLICATE

HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525
 Ms. Lisa Paulson

10/03/2000

Job Number: 00.10730

Analyte	Prep	Run	Matrix	Sample	Spike	Units	Percent	MSD		Percent	MS/MSD	
	Batch	Batch	Spike					Result	Result			Amount
Mercury, CVAA	1608	1452	0.00220	<0.0002	0.0025	mg/L	88.0	0.0023	0.0025	mg/L	95.6	8.3
Mercury, CVAA	1608	1452	0.00249	<0.0002	0.0025	mg/L	99.6	0.0024	0.0025	mg/L	98.0	1.6
Mercury, CVAA	1608	1452	0.00247	<0.0002	0.0025	mg/L	98.8	0.0025	0.0025	mg/L	101.6	2.8
Mercury, CVAA	1608	1452	0.00265	<0.0002	0.0025	mg/L	106.0	0.0025	0.0025	mg/L	102.8	3.1
Mercury, CVAA	878	994	0.370	<0.044	0.41	mg/kg	91.4	0.412	0.45	mg/kg	91.7	10.6
Mercury, CVAA	878	994		31.5	Diluted out			Diluted out				

NOTE: Matrix Spike Samples may not be samples from this job.

For Inorganic Parameters and GC Volatiles, the spike recovery should be 75 - 125% if the spike added value was greater than or equal to one fourth of the sample result value. If not, the control limits are not established. The RPD for the MS/MSD pair should be less than 20.

MS = Matrix Spike
 MSD = Matrix Spike Duplicate
 RPD = Relative Percent Difference

RPD calculations are performed on the Percent Recovery calculated from the observed Matrix spike and Matrix Spike Duplicate results.



QUALITY CONTROL REPORT

DUPLICATES

HUFF & HUFF INC.
 512 West Burlington
 Suite 100
 LaGrange, IL 60525
 Ms. Lisa Paulson

10/03/2000

Job Number: 00.10730

Analyte	Prep	Run	Original Analysis	Duplicate Analysis	Units	RPD
	Batch Number	Batch Number				
pH, Non-Aqueous		422	8.67	8.75	units	0.9
Solids, Total		3762	81.8	80.0	%	2.2
Solids, Total		3762	6.1	6.2	%	1.6

NOTE: Spikes and Duplicates may not be samples from this job.

RPD - Relative Percent Difference



Ms. Lisa Paulson
HUFF & HUFF INC.
512 West Burlington
Suite 100
LaGrange, IL 60525

10/03/2000

Job Number: 00.10730

IEPA Cert. No.: 100221

WDNR Cert. No.: 999447130

Project Description: Nicor Gas; Chicago Hts. Iron & Supply

CASE NARRATIVE

No analytical exceptions were noted outside of routine method protocols.

**KEY TO ABBREVIATIONS and METHOD REFERENCES**

- < : Less than; When appearing in the results column indicates the analyte was not detected at or above the reported value.
- mg/L : Concentration in units of milligrams of analyte per liter of sample. Measurement used for aqueous samples. Can also be expressed as parts per million (ppm).
- ug/g : Concentration in units of micrograms of analyte per gram of sample. Measurement used for non-aqueous samples. Can also be expressed as parts per million (ppm) or mg/Kg.
- ug/L : Concentration in units of micrograms of analyte per liter of sample. Measurement used for aqueous samples. Can also be expressed as parts per billion (ppb).
- ug/Kg : Concentration in units of micrograms of analyte per kilogram of sample. Measurement used for non-aqueous samples. Can also be expressed as parts per billion (ppb).
- TCLP : These initials appearing in front of an analyte name indicate that the Toxicity Characteristic Leaching Procedure (TCLP) was performed for this test.
- Surz: : These initials are the abbreviation for surrogate. Surrogates are compounds that are chemically similar to the compounds of interest. They are part of the method quality control requirements.
- % : Percent; To convert ppm to %, divide the result by 10,000.
To convert % to ppm, multiply the result by 10,000.
- ICP : Indicates analysis was performed using Inductively Coupled Plasma Spectroscopy.
- AA : Indicates analysis was performed using Atomic Absorption Spectroscopy.
- GFAA : Indicates analysis was performed using Graphite Furnace Atomic Absorption Spectroscopy.
- PQL : Practical Quantitation Limit; the lowest level that can be reliably achieved within specified limits of precision and accuracy during routine laboratory operating conditions.

Method References

- (1) Methods 1000 through 9999: see "Test Methods for Evaluating Solid Waste", USEPA SW-846, 3rd Edition, 1986.
- (2) ASTM "American Society for Testing Materials"
- (3) Methods 100 through 499: see "Methods for Chemical Analysis of Water and Wastes", USEPA, 600/4-79-020, Rev. 1983.
- (4) See "Standard Methods for the Examination of Water and Wastewater", 17th Ed, APHA, 1989.
- (5) Methods 600 through 625: see "Guidelines Establishing Test Procedures for the Analysis of Pollutants", USEPA Federal Register Vol. 49 No. 209, October 1984.
- (6) Methods 500 through 599: see "Methods for the Determination of Organic Compounds in Drinking Water," USEPA 600/4-88/039, Rev. 1988.
- (7) See "Methods for the Determination of Metals in Environmental Samples", Supplement I EPA-600/R-94/111, May 1994.
- (8) See "Standard Methods for the Examination of Water and Wastewater", 18th Ed., APHA, 1992.

TestAmerica

INCORPORATED

- (9) Methods 1000 through 9999: see "Test Methods for Evaluating Solid Waste", USEPA SW-846, 3rd Edition, 1986, Including Updates I and II.
- (10) This method is from the 2nd Edition of "Test Methods for Evaluating Solid Waste", USEPA SW-846. It has been dropped from the 3rd Edition, 1986.

TestAmerica

INCORPORATED

Bartlett Division
850 West Bartlett Road
Bartlett, IL 60103

Phone: 630-289-3100
Fax: 630-289-5445

Client Name: Hubert & Hall **Client #:** _____

Address: 310 W. Burlington

City/State/Zip Code: Libertyville, IL 60069

Project Manager: L. Paulson

Telephone Number: 815-712-5100 **Fax:** _____

Sampler Name: (Print Name): Donna Gearing

Sampler Signature: [Signature]

Project Name: MOU 603

Project #: Civils Heights Tran Supply

Site/Location ID: CATS **State:** _____

Report To: L. Paulson

Invoice To: L. Paulson

Quote #: 11291

1 of 2

To assist us in using the proper analytical methods,
is this work being conducted for regulatory purposes?
Compliance Monitoring

TAT <input type="checkbox"/> Standard <input type="checkbox"/> Rush (surcharges may apply)	Date Needed: _____	Fax Results: Y N	SAMPLE ID	Date Sampled	Time Sampled	G = Grab, C = Composite	Field Filtered	Matrix Preservation & # of Containers						Analyze For	REMARKS	QC Deliverables None _____ Level 2 _____ (Batch QC) Level 3 <input checked="" type="checkbox"/> _____ Level 4 _____ Other: _____
								SL - Sludge DW - Drinking Water	GW - Groundwater S - Soil/Solid	MW - Wastewater Specify Other	HNO ₃	HCl	NaOH			
			C4													
			D3													
			L3													
			L7													
			A3													
			H0													
			L7													
			L0													

Special Instructions:

Relinquished By: <u>[Signature]</u>	Date: <u>10/10/05</u>	Time: <u>10:05</u>	Received By: <u>[Signature]</u>	Date: <u>9/6/05</u>	Time: <u>10:05</u>
Relinquished By: _____	Date: _____	Time: _____	Received By: _____	Date: _____	Time: _____
Relinquished By: _____	Date: _____	Time: _____	Received By: _____	Date: _____	Time: _____

LABORATORY COMMENTS:
 Init Lab Temp: _____
 Rec Lab Temp: _____
 Custody Seals: Y N
 Bottles Supplied by TestAmerica: Y N
 Method of Shipment: _____

2112

TestAmerica

INCORPORATED

Bartlett Division
850 West Bartlett Road
Bartlett, IL 60103

Phone: 630-289-3100
Fax: 630-289-5445

To assist us in using the proper analytical methods,
is this work being conducted for regulatory purposes?
Compliance Monitoring

Client Name: Huff + Huff Client #: _____

Address: 11 W. Washington

City/State/Zip Code: LaGrange IL 60525

Project Manager: L. Paulson

Telephone Number: 708 210 5144 Fax: _____

Sampler Name: (Print Name) Juan Gonzalez / Darren Greene

Sampler Signature: [Signature]

Project Name: North Hill

Project #: Chicago H-34. Iron Supply

Site/Location ID: CH13 State: _____

Report To: L. Paulson

Invoice To: _____

Quote #: 16311

Analyze For: _____

TAT Standard Rush (surcharges may apply)	Date Needed: _____	Fax Results: Y N	SAMPLE ID	Date Sampled	Time Sampled	G = Grab, C = Composite	Field Filtered	Matrix	Preservation & # of Containers					Other (Specify)	REMARKS	
									SL - Sludge	DW - Drinking Water	GW - Groundwater	S - Soil/Solid	MW - Wastewater			Specify Other
			L601					S								
			Top Blank					W								
			Top Blank					W								

QC Deliverables:
 None _____
 Level 2 _____
 (Batch QC)
 Level 3 _____
 Level 4 _____
 Other: _____

LABORATORY COMMENTS:
 Initial Lab Temp: _____
 Rec Lab Temp: _____
 Custody Seals: Y N N/A
 Bottles Supplied by TestAmerica: Y N
 Method of Shipment: _____

Special Instructions:

Relinquished By: [Signature] Date: 9/25/00 Time: 10:25
 Received By: [Signature] Date: 9/27/00 Time: 10:25

Relinquished By: _____ Date: _____ Time: _____
 Received By: _____ Date: _____ Time: _____

Relinquished By: _____ Date: _____ Time: _____
 Received By: _____ Date: _____ Time: _____

United States Environmental Protection Agency

Region V

77 West Jackson Blvd.

Chicago, Illinois 60604



Superfund Division

Emergency Response Branch

FACSIMILE COVER SHEET

FAX #: 312 353-9176

TO: Lisa Paulson DATE: _____

COMPANY: _____ FAX #: _____

FROM: Steve Farfan MAILCODE: _____

PHONE: _____

PAGES (including cover sheet): 4

MESSAGE:

Armstrong Forensic Laboratory

330 Loch's Green Trail Arlington, Texas 76012
817-275-2691 Fax 817-275-3883



Andrew T. Armstrong, Ph.D.
John M. Carr, MS, RS
Marion K. Armstrong, MSPH, CHH
Scott J. Riley, D.Chem

October 2, 2000

Mr. Dave Hendren
Ecology & Environment, Inc.
33 North Dearborn Street, Suite 900
Chicago, IL 60602

- DRAFT DOCUMENT -
NOT VALIDATED

Received: September 28, 2000
Project: S05-0007-015 & S05-0009-806

Submitted: 13 Solids

LABORATORY REPORT: ADEN3840

Total Mercury - EPA Method 7471				
Lab No.	Client Description	Results	Detection Limits	Units
1	A6	0.87	0.03	mg/kg-dry wt
2	B6	50.5	0.03	mg/kg-dry wt
3	C4	48.1	0.03	mg/kg-dry wt
4	D3	4.13	0.03	mg/kg-dry wt
5	E6	26.9	0.03	mg/kg-dry wt
6	F7	7.30	0.03	mg/kg-dry wt
7	G3	57.6	0.03	mg/kg-dry wt
8	H (0)	6.13	0.03	mg/kg-dry wt
9	I (0)	27.2	0.03	mg/kg-dry wt
10	I (0) D	19.8	0.03	mg/kg-dry wt
11	J (-1)	41.6	0.03	mg/kg-dry wt
12	K (-2)	34.0	0.03	mg/kg-dry wt
13	L (-2)	32.3	0.03	mg/kg-dry wt

bdl - below detection limit

Providing a World of Services

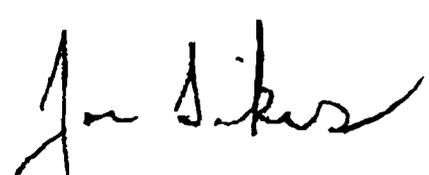
Page one of two

Armstrong Forensic Laboratory, Inc.
 Report No: A0EN3840
 Page 2 of 2

Mercury - EPA Method 7470				
TCLP Extraction - EPA Method 1311				
Lab No. .	Client Description	Results	Detection Limits	Units
1	A6	bdl	0.00006	mg/L
2	B6	0.00070	0.00006	mg/L
3	C4	0.00470	0.00006	mg/L
4	D3	0.00115	0.00006	mg/L
5	E6	0.00053	0.00006	mg/L
6	F7	0.00008	0.00006	mg/L
7	G3	0.00050	0.00006	mg/L
8	H (0)	0.00011	0.00006	mg/L
9	I (0)	0.00038	0.00008	mg/L
10	I (0) D	0.00030	0.00006	mg/L
11	J (-1)	0.00136	0.00006	mg/L
12	K (-2)	0.0180	0.00006	mg/L
13	L (-2)	0.00028	0.00006	mg/L

bdl - below detection limit

DRAFT DOCUMENT
 NOT VALIDATED


 Joe Sikes, Director, Quality Control
 AIHA Accreditation No: 363
 ANA ELLAP Accredited
 //20-3840.doc [01]

ARMSTRONG FORENSIC LABORATORY, INC.

QA/QC ATTACHMENT REPORT: A0EN3840

Total Mercury			
Analysis Method	EPA 7471	Matrix Spike Recovery %	97 (ps)
Extraction Method	EPA 1311	Duplicate RPD %	1.0
Prep QC ID	GA331-108	Method Blank μg	<0.003
Analytical QC ID	GA331-109	LCS %	105

TCLP Mercury			
Analysis Method	EPA 7470	Matrix Spike Recovery %	111
Extraction Method	EPA 7470	Duplicate RPD %	1.9
Prep QC ID	GA331-113	Method Blank μg	<0.003
Analytical QC ID	GA331-113	LCS %	102

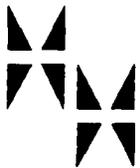
ps - post spike

**DRAFT DOCUMENT -
NOT VALIDATED**

**SITE SAFETY PLAN
FOR EXCAVATION ACTIVITIES
AT
CHICAGO HEIGHTS IRON & SUPPLY
1715 WENTWORTH AVENUE
CHICAGO HEIGHTS, ILLINOIS**

By
HUFF & HUFF, INC.
James E. Huff, P.E.
Sarah Monette, P.E.

February 2001



HUFF & HUFF, INC.
ENVIRONMENTAL CONSULTANTS
LaGRANGE, ILLINOIS

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FIGURE 1-2 SITE LAYOUT MAP4
FIGURE 2-1 AREA REQUIRING WORKER CAUTION6

LIST OF ATTACHMENTS

Attachment 1 Mercury Exposure Badge Literature

1. INTRODUCTION

1.1 Report Overview

Nicor Gas performed cleanup activities at the Chicago Heights Iron & Supply Co. during Autumn 2000. The cleanup activities were performed to address the potential presence of mercury contamination from mercury-type regulators handled at the site.

The site soils now achieve Illinois cleanup objectives for mercury at industrial/commercial properties, but construction worker caution is required. This "Site Safety Plan" is provided to inform construction workers of the potential for exposure to mercury, and to describe precautions to minimize any exposure.

1.2 Site Location and Layout

Chicago Heights Iron & Supply Co. is located at 1715 Wentworth Avenue in Chicago Heights, Illinois. Figure 1-1 depicts the site location and Figure 1-2 depicts the site layout, including the location where scrap formerly containing mercury-type regulators was handled.

The area where such scrap was handled was determined during a site walkover on September 19, 2000. Huff & Huff conducted the site walkover with the site owner, Mr. Larry Malis. The entire site was inspected, looking for regulators, and the areas near the metal shear and inside the workshop were screened for mercury vapors with a Jerome Mercury Vapor Analyzer (Jerome Meter). The scrap pile area depicted on Figure 1-2 was identified as the only area containing mercury-type regulators.

1.3 Mercury Characteristics

Mercury is a metal that appears in a silver liquid form when used in regulators and may be present as silver beads in the soil.

Chronic exposure to mercury (regular exposure to mercury over a long period of time) generally produces neurological symptoms. The best way to determine whether or not you have been exposed to an excess of mercury is to undergo medical testing for mercury. The best test for chronic mercury exposure is a urine test. A blood test for the presence of mercury also exists, but it is considered to be less accurate.

Most people have some level of exposure to mercury, typically 1 to 7 micrograms per day. Normal levels of mercury found by urinary tests generally range from 1 to 10 micrograms per liter. Mercury levels of 20 micrograms per liter or less typically do not pose health risks.

An airborne exposure limit has been established for industrial workers. This limits mercury exposure to 50 micrograms per cubic meter for 8 hours/day for 50 weeks/year. Mercury exposure at this level will result in a urinary mercury level of approximately 135 micrograms per liter. Although this level is higher than that found in the general population, it has not been found to produce symptoms and is considered safe.

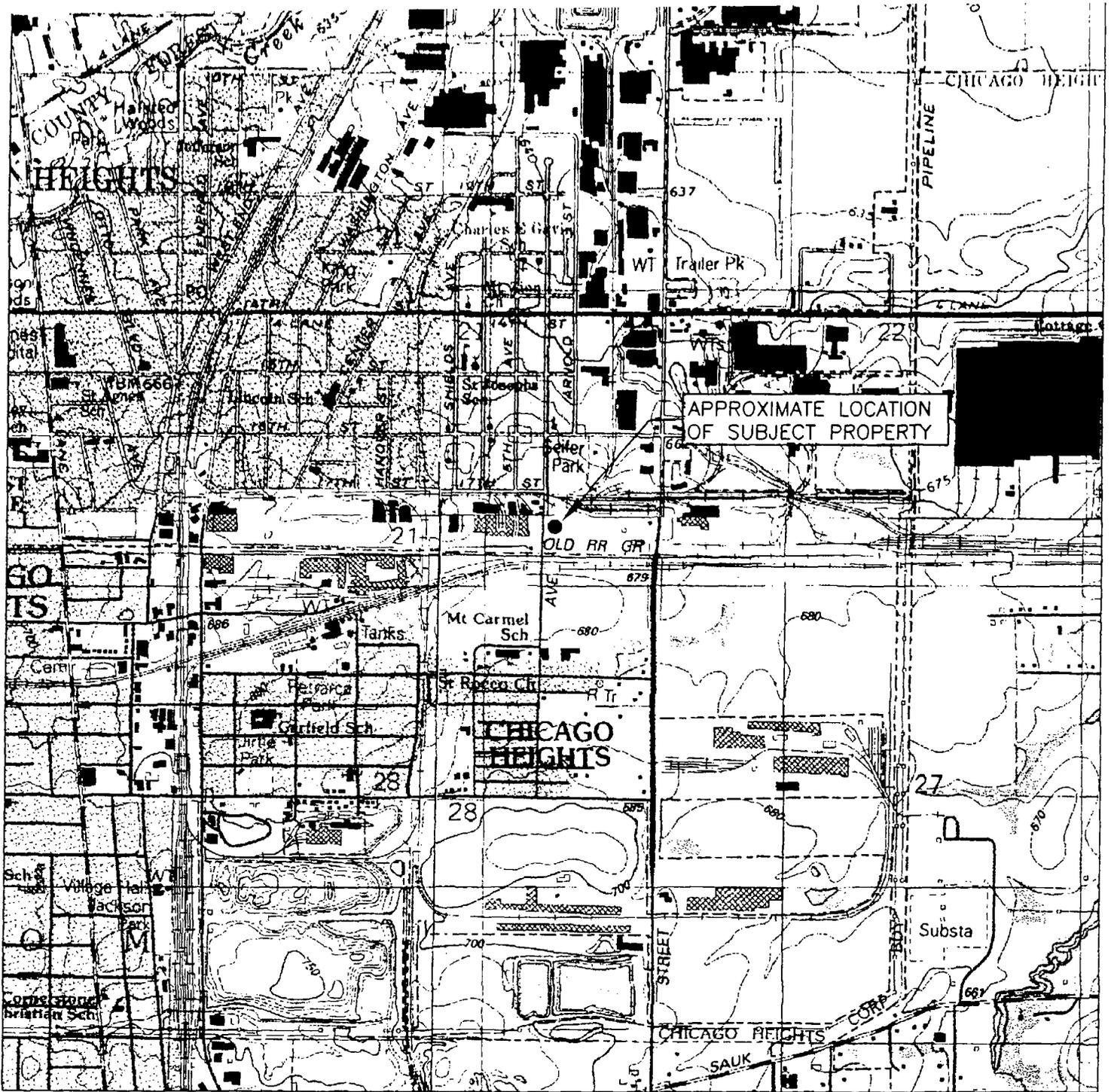


FIGURE 1-1
 SITE LOCATION MAP
 CHICAGO HEIGHTS IRON & SUPPLY CO.
 CHICAGO HEIGHTS, ILLINOIS



SOURCE: UNITED STATES DEPARTMENT OF THE INTERIOR, GEOLOGICAL SURVEY
 DYER, STEGER, CALUMET CITY, & HARVEY, ILLINOIS QUADRANGLES

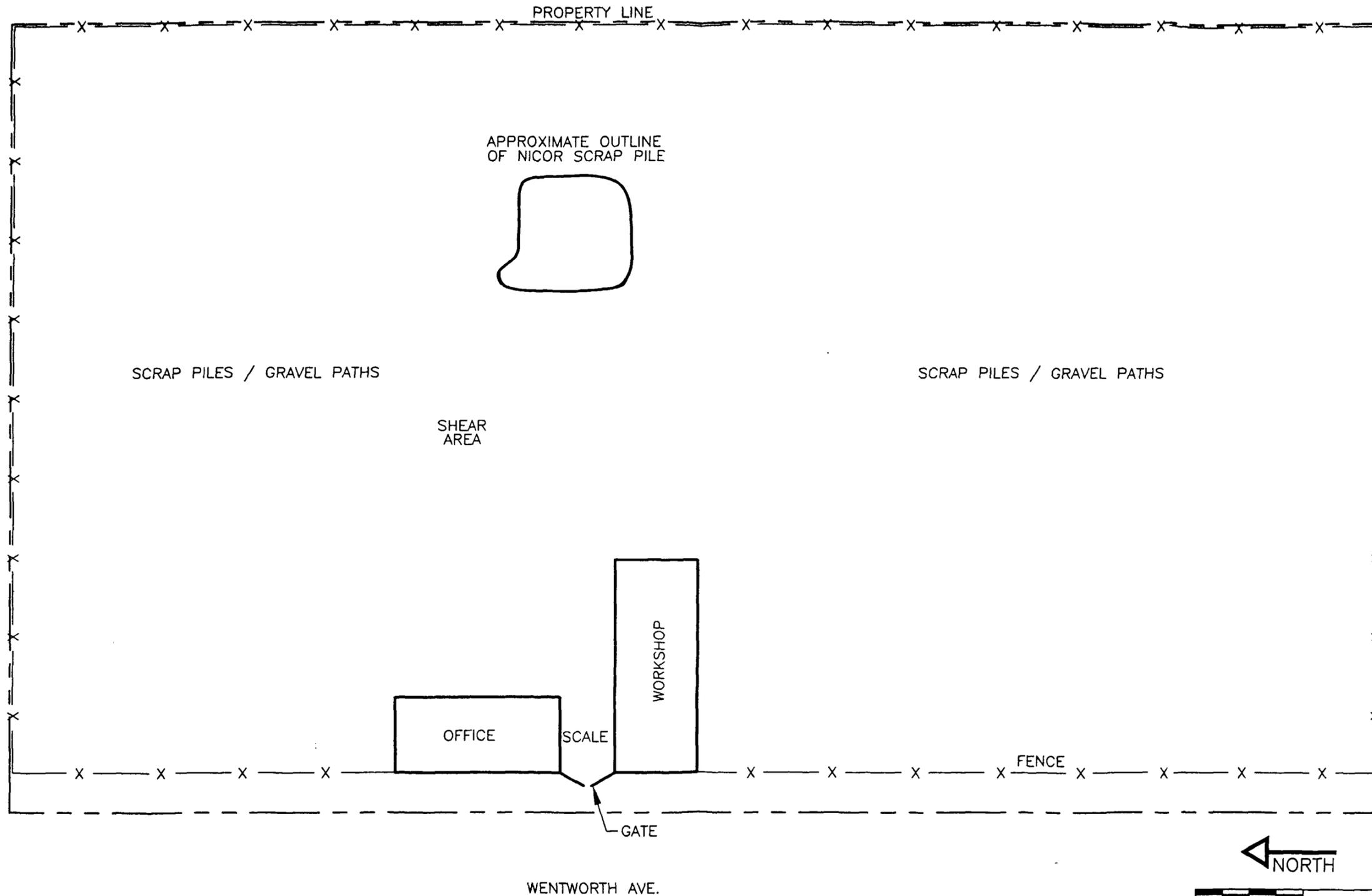


FIGURE 1-2
 SITE LAYOUT MAP
 CHICAGO HEIGHTS IRON & SUPPLY CO.
 CHICAGO HEIGHTS, ILLINOIS

2. AREAS OF CONCERN

Figure 2-1 depicts the area where soils contain mercury above the levels recommended for construction worker activities (without safety precautions taken). Three discrete points within 1,800 square feet are above the construction worker soil ingestion objective. The mercury is present in the uppermost one foot.

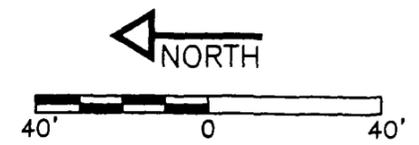
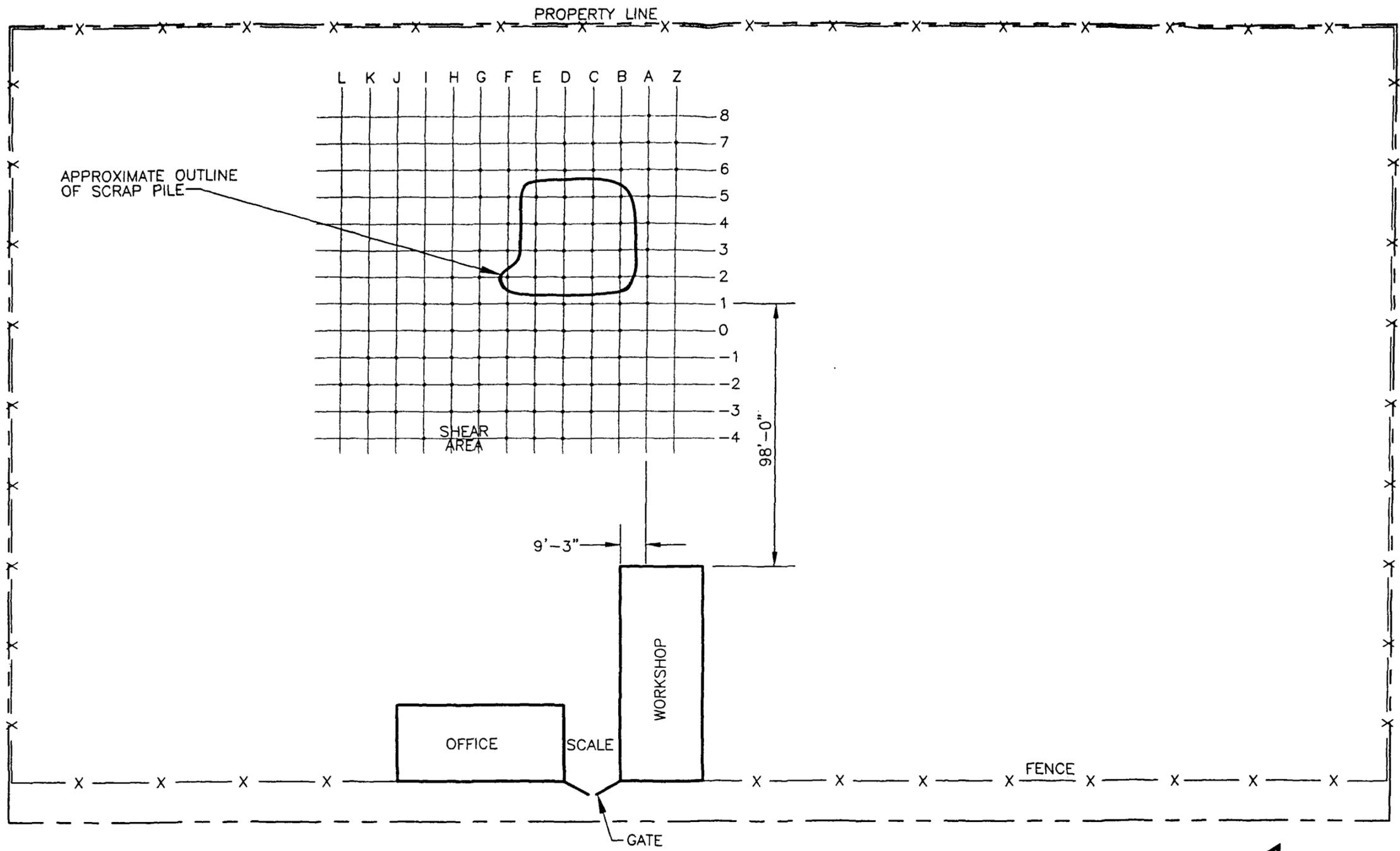


FIGURE 2-1
SAMPLE LOCATION GRID
CHICAGO HEIGHTS IRON & SUPPLY CO.
CHICAGO HEIGHTS, ILLINOIS

3. SITE SAFETY PROCEDURES

3.1 Safety Overview

The mercury residue remaining at the site is not a hazardous waste, and therefore OSHA's Hazardous Waste Operation Regulations (29CFR 1910.120) are not applicable to construction activities at this location. Any construction worker may work on this site, provided he/she has read this safety plan, and follows the procedures described in this plan.

3.2 Notification

Nicor Gas performed the mercury remediation and is prepared to monitor the ambient air and/or soil during any future excavation activities to assure worker protection from any mercury residues.

Notifications should be made to Nicor Gas, preferably before excavation activities are to begin. Contact addresses and telephone numbers are provided below.

Notify: Mr. Richard J. Tappan
Manager Environmental Affairs
Nicor Gas
1844 Ferry Road
Naperville, Illinois 60563

630-983-8676, Ext. 2300
630-983-4028 (Fax)

Nicor Consultant: Mr. James E. Huff, P.E.
Huff & Huff, Inc.
512 W. Burlington, Suite 100
LaGrange, Illinois 60525

708-579-5940
708-579-3526 (Fax)

3.3 Worker Precautions

Workers should follow these precautions when excavating in an area of concern:

- Smoking, eating, drinking, chewing gum, etc., are not permitted in the work area. Hand-to-mouth activity increases the potential for ingestion of the mercury.
- Hands and face should be washed before eating, smoking, etc.; again to minimize the potential for mercury ingestion.

- Use work gloves, long sleeve shirts, etc., to avoid skin contact with the subject soil. Wash exposed areas with soap and water as soon as possible.
- Avoid generating excessive airborne dust during construction activities. Ingesting dust particles with mercury compounds absorbed to the particles can be a source of exposure. Wetting dried surfaces is an acceptable practice to minimize dust generation.
- Be observant for the unexpected presence of mercury. If mercury is encountered, notify the Nicor Gas contacts immediately (see Section 3.2).
- Avoid tracking mud/dirt offsite. This may necessitate changing work shoes and clothes at the end of each day at the site.
- Secure any excavations at the end of the day to assure children cannot come into contact with the mercury compounds.
- If off-site disposal of excavated soils in the top foot is necessary, testing to characterize the soil's waste characteristics will be necessary. (Nicor Gas is prepared to conduct the necessary soil testing.)
- If hand excavation is to be conducted for a period of time exceeding 8 hours, then air monitoring with a Jerome Meter should be conducted during the excavation activities. If the Jerome Meter mercury vapor readings ever exceed 0.1 mg/cu m, then air purifying respirators should be worn by all construction workers. Based on the extensive removal actions at the site in 2000, mercury vapor readings this high are highly unlikely. In addition, if the average mercury vapor approaches 0.025 mg/cu m, respirators should be worn. Again, based on the previous removal actions, air levels never approached 0.025 mg/cu m.
- If any work in the subject area involves soil excavation, workers should wear a mercury exposure badge. These badges turn color upon mercury exposure. The site owner has been given ten such badges to use, and literature on these badges is included in the Attachment.

Personal Monitors

Monitor Exclusively for Many Critical Contaminants at a Very Reasonable Rate

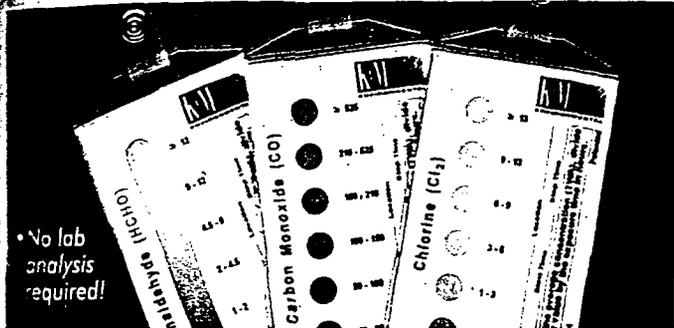
Designed to be worn in an employee's breathing zone to measure their personal exposure limit to a variety of toxic vapors. Conveniently clips to pockets or lapels for simple on-the-spot sampling.

Specifications: All can be used for eight-hour Time-Weighted Average (TWA) or 15-min. Short-Term Exposure Limit (STEL) monitoring. **Organic Vapors** monitor measures benzene, ethylbenzene, toluene and xylene isomers. Price includes postage-paid mailer and pre-paid analysis. Badges are analyzed promptly and an analysis report is returned to you promptly. Only one lab is used, so each time you use these badges a historic update of your employee's exposure profile is provided. Box of four.

No.	Description	TLV/ ppm	Sensitivity/ ppm	Each Box of 4
9A-10579	Nitrous Oxide	50	2.0	217.40
9A-10580	Formaldehyde	0.3 (ceiling)	0.02	217.40
9A-10581	Xylene	100	0.02	217.40
9A-10582	Ethylene Oxide	1	0.02	217.40
9A-17075	Organic Vapors	-	0.02	244.60
9A-25352	Methylene Chloride	50	0.02	217.40



• Lab analysis included



• No lab analysis required!

ChromAir™ Colorimetric Badges

Immediate, Accurate Exposure Monitoring

Clear, easy-to-read color change. No lab analysis needed. No chemicals to mix. All exposure data and levels appear on the badge eliminating time spent waiting for samples from the lab.

Specifications: Unique design minimizes the effects of humidity, air velocity and cross-sensitivity for increased exposure monitoring accuracy. A convenient exposure dose scale is printed on the back of the badge to the side of each cell for a quick read of exposure results. Locate what you need to test for from the list below. Box of ten. Refrigerate until use. Reusable **Carbon Monoxide, Formaldehyde, Glutaraldehyde, Hydrogen Sulfide** and **Mercury Color Comparators** are available to increase the resolution of the badges. Match the colors on the badge to the comparator for exact readings. **Badge Clips** required for all badges except acetone and methanol.

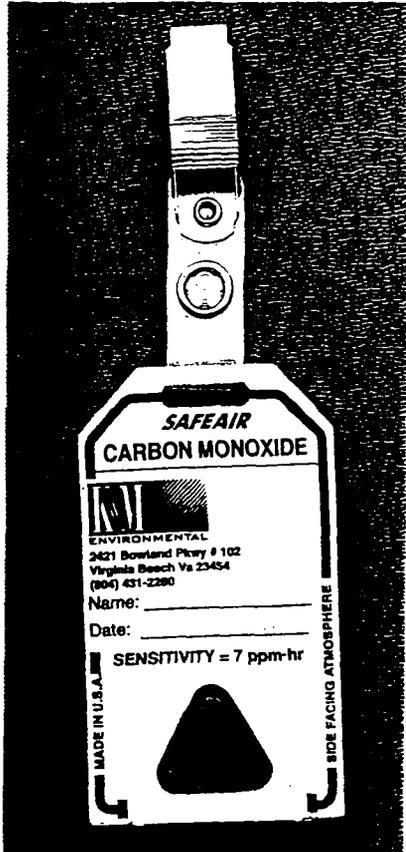
No.	Chemical	ppm x hr.	Min. Detectable Limit in 8 hrs.	Each
BA-25487	Acetone (clips included)	20-24000	2.5	10/105.85
BA-25488	Ammonia	4-300	0.50	10/105.85
BA-25489	Carbon Monoxide	10-525	1.25	10/105.85
BA-33919	Carbon Monoxide Color Comparator			ea./53.50
BA-25490	Chlorine	0.4-13	0.05	10/105.85
BA-25491	Formaldehyde	3-12	0.04	10/105.85
BA-26665	Formaldehyde Color Comparator			ea./53.50
BA-25993	Glutaraldehyde	STEL (15 min.)	.04-.95	10/105.85
BA-26666	Glutaraldehyde Color Comparator			ea./47.95
BA-33917	Hydrazine	0.01-0.8	0.002	10/123.05
BA-25493	Hydrogen Sulfide	1-240	0.25	10/105.85
BA-33920	Hydrogen Sulfide Color Comparator			ea./53.50
BA-26756	Mercury	0.15-1.4 mg/m ³	0.02 mg/m ³	10/105.85
BA-26757	Mercury Color Comparator			ea./53.45
BA-25494	Methanol (clips included)	27-3200	3.38	10/105.85
BA-25495	Nitrogen Dioxide	0.5-13.0	0.06	10/105.85
BA-26758	Ozone	0.08-1.6	.01 ppm	10/105.85
BA-25496	Sulfur Dioxide	0.1-16	.013	10/105.85
BA-26544	Badge Clips			10/8.25

SafeAir™ Badges

Inexpensive, Easy-to-Use Screening Devices

Badges are economical enough for daily exposure screening, with no lab analysis required. Can be used for as little as 15 minutes or as long as several hours (see maximum recommended sampling time listed below).

Specifications: Immediate visual indication lets you know when a specific chemical is present at the threshold level listed below. Unmistakable results—chemical exposure causes an exclamation point to change color. Package of 50. Refrigerate until use. Badges simply clip on your pocket or lapel. **Clips** are sold separately in packages of 10.



No.	Chemical	Threshold Level ppm x hr.	Minimum Detectable Limit in 8 hrs.	Maximum Recommended Sampling Time	Each Pkg. of 50
9A-26597	Ammonia	4.0	0.50	48 hrs.	140.10
9A-33921	Carbon Dioxide	8000	1000	10 hrs.	148.15
9A-26599	Carbon Monoxide	7.0	1.0	10 hrs.	140.10
9A-26598	Chlorine	0.2	0.025	48 hrs.	140.10
9A-26602	Formaldehyde	0.4	.05	10 hrs.	140.10
9A-33922	Hydrazine	8.0 ppb	1.0 ppb	48 hrs.	182.55
9A-26661	Hydrogen Sulfide	2.0	0.25	48 hrs.	137.00
9A-26603	Mercury	0.1/0.2	0.013/0.03 mg/m ³	48 hrs.	172.60
9A-26662	Nitrogen Dioxide	1.0	0.125	10 hrs.	140.10
9A-26600	Ozone	0.05	0.006	48 hrs.	140.10
9A-26663	Sulfur Dioxide	0.2	0.025	48 hrs.	140.10
9A-26601	TDI	0.02	0.0025	16 hrs.	156.45
9A-26544	Clips, Pkg. of 10				8.25

PHONE ORDER 1-800-356-0783 • FAX ORDER 1-800-543-9910